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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/15

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Andio Painting Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Michael Andio  
Name (Printed or typed)  
1020 South L Street  
Address  
Lake Worth FL 33460  
City, State & Zip  
561-573-4306  
Daytime Telephone number  
Mike @ Andio Painting . com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

October 27, 2010

Department of State  
Division of Corporations  
P.O. Box 6237  
Tallahassee, FL 32314

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

To whom it may concern:

I do not plan on reinstating my corporation, "Andio Painting Inc". I hereby release the name to the new corporation enclosed. Should you have any questions please call me at 561-573-4306.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael Andio".

Michael Andio

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Andio Painting Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1020 South L Street  
Lake Worth, FL 33460

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Andio, President  
Address: 1020 South L Street  
Lake Worth, FL 33460

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Andio  
Address: 1020 South L Street  
Lake Worth, FL 33460

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Andio  
Address: 1020 South L Street  
Lake Worth, FL 33460

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael Andio

Required Signature/Registered Agent

10/27/2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Andio

Required Signature/Incorporator

10/27/2010  
Date