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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 22 PM 3:11

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AND
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COVER LETTER

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

SUBJECT: CNR SPECIALTY COATINGS, 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: CNR SPECIALTY COATINGS, INC.
Name (Printed or typed)

1538 LANEY DRIVE
Address

PALM HARBOR, FL 34683
City, State & Zip

727-808-0488
Daytime Telephone number

JWOLFE37@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

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

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: **CNR SPECIALTY COATINGS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1538 LANEY DRIVE
PALM HARBOR, FL 34683

Mailing address, if different is:

SAME

10 NOV 22 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE RESIDENTIAL AND COMMERCIAL CONTRACTING SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICHARD O'CONNOR, PRESIDENT	Name and Title: _____
Address: 1538 LANEY DRIVE	Address: _____
PALM HARBOR, FL 34683	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

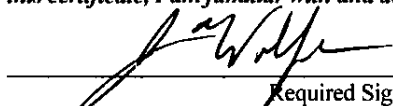
Name: **JAMES WOLFE**
Address: **920 EMERSON DRIVE**
DUNEDIN, FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JAMES WOLFE**
Address: **920 EMERSON DRIVE**
DUNEDIN, FL 34698

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

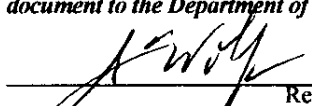


Required Signature/Registered Agent

11/17/10

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.



Required Signature/Incorporator

11/17/10

Date