

P10000097148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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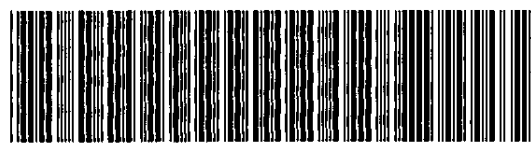
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Premier Home Repairs & 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 Yallas
Name (Printed or typed)

3144 Twisted Oak Loop
Address

Hissimmee FL 34748
City, State & Zip

407-677-0464
Daytime Telephone number

mpremiermarket@aol.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be:

Premier Home Repairs & Painting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3144 Twisted Oak Loop
Kissimmee, FL
34744

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Repairs + Painting

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Fallas

Name and Title:

Address: 3144 Twisted Oak Loop

Address:

Kissimmee, FL 34744

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: Michael Fallas

Address: 3144 Twisted Oak Loop
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Fallas

Address: 3144 Twisted Oak Loop
Kissimmee, FL 34744

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

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

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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