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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/21/11

## COVER LETTER

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

SUBJECT: Channel Letters And Neon, 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: Thomas R. Finn  
Name (Printed or typed)

5949 Tennessee Avenue  
Address

New Port Richey, FL 34562  
City, State & Zip

727-992-6028  
Daytime Telephone number

tom374@verizon.net  
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)

## ARTICLE I NAME

The name of the corporation shall be: Channel Letters And Neon, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
5949 Tennessee Avenue  
New Port Richey, FL 34652

Mailing address, if different is:  
P.O. Box 1718  
New Port Richey, FL 34656-1718

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is: Seven Thousand Five Hundred (7,500)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas R. Finn, P/S/T  
Address: 5949 Tennessee Avenue  
New Port Richey, Florida  
34652

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Thomas R. Finn  
Address: 5949 Tennessee Avenue  
New Port Richey, Florida, 34652

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas R. Finn  
Address: 5949 Tennessee Avenue  
New Port Richey, Florida, 34652

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

Thomas R Finn

Required Signature/Registered Agent

3-15-2011  
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.

Thomas R Finn

Required Signature/Incorporator

3-15-2011  
Date

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