

COS

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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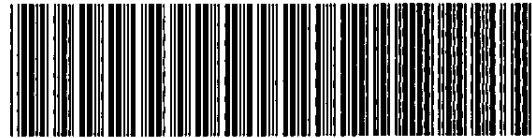
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
BALTIMORE, MD

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SC
7-20-11

COVER LETTER

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

SUBJECT: Horseshoe Paint Contracting Incorporated
(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: Sue Ellen Winn
Name (Printed or typed)

804 Crestview Circle
Address

Weston, Florida 33327
City, State & Zip

954-709-7041
Daytime Telephone number

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

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

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RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Horseshoe Paint Contracting Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

804 Crestview Circle
Weston, Florida 33327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting interior and exterior, commercial and residential, and all law full related business

ARTICLE IV SHARES

The number of shares of stock is: **1,00,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sue Ellen Winn President

Address: 804 Crestview Cr
Weston, Fl 33327

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: Sue Ellen Winn

Address: 804 Crestview Circle
Weston, Florida 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sue Ellen Winn

Address: 804 Crestview Circle
Weston, Florida 33327

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

7/13/2011

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.



Required Signature/Incorporator

7/13/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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