

P11000075801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/12/11--01035--029 \*\*113.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 24 AM 11:48

11164247  
8/25/11



RECEIVED

11 AUG 24 AM 11:54

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2011

HAL SNOW  
4635 PINE AVE  
ORANGE PARK, FL 32003

SUBJECT: PREFERRED PLASTERING, INC.  
Ref. Number: W11000042447

We have received your document for PREFERRED PLASTERING, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 311A00019049

## COVER LETTER

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

SUBJECT: PREFERRED PLASTERING, 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: PREFERRED PLASTERING, INC.

Name (Printed or typed)

4635 PINE AVE

Address

ORANGE PARK, FL 32003

City, State & Zip

904-591-5116

Daytime Telephone number

lisa@trimbookkeeping.com

E-mail address: (to be used for future annual report notification)

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

Preferred Plastering, Inc.  
6683 Crill Ave  
Palatka, Florida 32177  
386-328-4164 Phone  
386-325-0804 Fax  
Doc: P95000074591

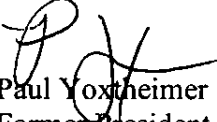
August 22, 2011

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is to advise that I have no intentions of revoking my dissolution and I am releasing the name for use to another entity.

Thank you,

  
Paul Voxtheimer  
Former President

PY/lw

cc: File

ARTICLES OF INCORPORATION

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: PREFERRED PLASTERING, INC.

11 AUG 24 AM 11:48

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4635 PINE AVE  
ORANGE PARK, FL 32003

Mailing address, if different is:  
6683 CRILL AVE  
PALATKA, FL 32177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO INCLUDE THE TRANSCATION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH  
CORPORTAIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL  
CORPORATION ACT.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title:	HAL SNOW/PRESIDENT	Name and Title:	
Address:	4635 PINE AVE	Address:	
	ORANGE PARK, FL 32003		

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: HAL SNOW  
Address: 4635 PINE AVE  
ORANGE PARK, FL 32003

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: HAL SNOW  
Address: 4635 PINE AVE  
ORANGE PARK, FL 32003

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

X   
Required Signature/Registered Agent

08/08/2011  
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.

X   
Required Signature/Incorporator

08/08/2011  
Date