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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MRD
2/3/12

COVER LETTER

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

SUBJECT: Integrity Painting of North Florida, 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: Gary E. Durrance & Tammy J. Durrance
Name (Printed or typed)

213 Whispering Pines Drive
Address

Tallahassee, FL 32310
City, State & Zip

850-688-3876
Daytime Telephone number

Whispering59@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Integrity Painting of North Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
213 Whispering Pines Dr
Tallahassee, FL 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pressure Washing
Painting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary E. Durrance, President
Address: 213 Whispering Pines Dr
Tallahassee, FL 32310

Name and Title: _____
Address: _____

Name and Title: Tammy Durrance, Sec.
Address: 213 Whispering Pines Dr
Tallahassee, FL 32310

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: Gary E. Durrance
Address: 213 Whispering Pines Dr
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tammy Durrance
Address: 213 Whispering Pines Dr
Tallahassee, FL 32310

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

Gary E. Durrance
Required Signature/Registered Agent

2-3-12
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.

Tammy Durrance
Required Signature/Incorporator

2/3/12
Date

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STATE OF FLORIDA
TALLAHASSEE