

P12000015199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200218069532

01/13/12--01006--012 **78.75

FILED
2012 FEB 13 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 14 2012

W12-6631
505

W11-2827
691

COVER LETTER

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

SUBJECT: A Sharp Design 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: Timothy T. Thompson
Name (Printed or typed)

807 S. MacDill Ave
Address

Tampa Florida 33609
City, State & Zip

813 - 298-7661
Daytime Telephone number

tthompson121@AOL.com
E-mail address: (to be used for future annual report notification)

FILED
2012 FEB 13 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A Change of Colour Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

*807 S. MacDill Ave
Tampa FL 33609*

Mailing address, if different is:

*PO Box 10253
Tampa FL 33679-0253*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residential Interior Painting, Faux Painting and Pressure Washing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Tim Thompson*
Address: *PO Box 10253
Tampa FL 33679*

Name and Title: _____
Address: _____

Name and Title: *Bryan Bailey*
Address: *3212 Harley Grove Way
Valrico Florida 33596*

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: *Tim Thompson*
Address: *807 S. MacDill Ave
Tampa FL 33609*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Tim Thompson*
Address: *807 S. MacDill Ave
Tampa FL 33609*

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

[Signature]

Required Signature/Registered Agent

1/30/2012
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.

[Signature]

Required Signature/Incorporator

1/30/2012
Date

FILED
2012 FEB 13 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA