

P1200000/7507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

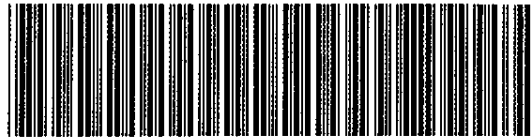
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12 FEB 20 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: Art Painting, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Rock Peniel

Name (Printed or typed)

8870 N. Himes Ave., Suite 145

Address

Tampa, FL 33614

City, State & Zip

(813) 514-5913

Daytime Telephone number

smb251@att.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**

Art Painting, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

8870 N. Himes Ave., Suite 145

Tampa, FL 33614

MAILING ADDRESS, IF DIFFERENT IS:

12 FEB 20 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business permitted by any corporation under the Florida General Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 50

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

Name and Title: Rock Peniel, President

Address: 8870 N. Himes Ave., Suite 145

Tampa, FL 33614

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: Rock Peniel

Address: 8870 N. Himes Ave., Suite 145

Tampa, FL 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rock Peniel

Address: 8870 N. Himes Ave., Suite 145

Tampa, FL 33614

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

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

Date