

P12000038181

(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:

Merle Leach GAVE

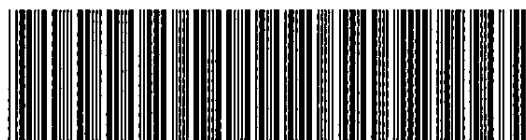
ADD. DOCUMENT BY PHONE TO

CORPORATION Art II

DATE \_\_\_\_\_

BY BS

Office Use Only



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04/23/12--01039--003 \*\*78.75

FILING CANCELLED  
RETURNED CHECK

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 23 PM 3:52

PS 4/24/12

## COVER LETTER

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

SUBJECT: Pro-Form 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Meill A.S. Leach

Name (Printed or typed)

2415 S Lincoln Ave

Address

Lakeland FL 33803

City, State & Zip

<sup>4397</sup>  
863-701-4563

Daytime Telephone number

proformpainting1@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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** Pro-Form Painting Inc.  
The name of the corporation shall be:

12 APR 23 PM 3:52

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2415 S Lincoln Ave  
Lakeland FL 33803

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
A painting company.

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RETURNED CHECK

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: President Humberto G Leach Jr.  
Address: 2415 S Lincoln Ave  
Lakeland FL 33803  
Stock 51%

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Vice President Hubert G Leach  
Address: 4003 Waring Rd  
Lakeland FL 33803  
Stock 35%

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Secretary Meil A.S. Leach  
Address: 2415 S Lincoln Ave  
Lakeland FL 33803  
Stock 14%

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

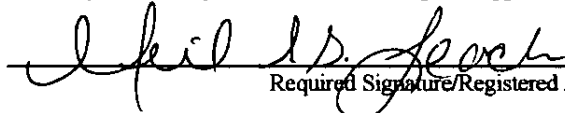
Name: Meil A.S. Leach  
Address: 2415 S Lincoln Ave  
Lakeland FL 33803

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

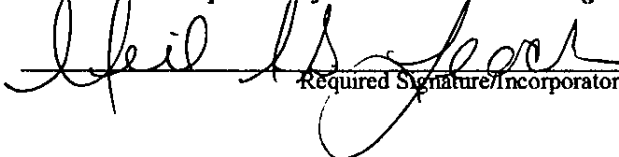
Name: Meil A.S. Leach  
Address: 2415 S Lincoln Ave  
Lakeland FL 33803

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

04-12-2012  
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.

  
Required Signature/Incorporator

04-12-2012  
Date