

P 12000042928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

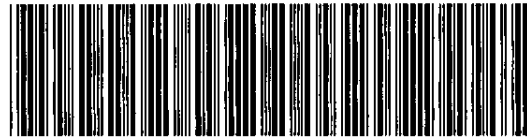
(Business Entity Name)

(Document Number)

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

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2012 MAY -7 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 08 2012

## COVER LETTER

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

**SUBJECT:** Color Pro Technologies of the South, 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:** Jackie Parkerson

Name (Printed or typed)

P. O. Box 415

Address

Bagdad, FL 32530

City, State & Zip

850-232-2302

Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **Color Pro Technologies of the South, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**7001 Dorrsfence**  
**Bagdad, FL 32530**

Mailing address, if different is:  
**P. O. Box 415**  
**Bagdad, FL 32530**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**To conduct any and all lawful business.**

### **ARTICLE IV SHARES**

The number of shares of stock is: **500**

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

Name and Title: <b>Jackie L. Parkerson, P/D</b>	Name and Title: _____
Address: <b>7001 Dorrsfence Road</b>	Address: _____
<b>Bagdad, FL 32530</b>	_____

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: **Jackie L. Parkerson**  
Address: **7001 Dorrsfence Road**  
**Bagdad, FL 32530**

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Jackie L. Parkerson**  
Address: **7001 Dorrsfence Road**  
**Bagdad, FL 32530**

*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

**5-4-12**  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

**5-4-12**  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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