

P120000071345

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000207554 3))



H120002075543ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727)322-0909  
Fax Number : (727)322-0520

RECEIVED AUG 17 2012

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVIDCPA@TAMPABAY.PA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
MAJOR WALTERS PAINTING, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 17 AM 11:09

Electronic Filing Menu Corporate Filing Menu Help

H120002075543

8/20/12

Aug. 17. 2012 3:14PM

H120002075543

No. 5079 P. 2<sup>nd</sup>  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

12 AUG 17 AM 11:09

**ARTICLE I NAME** MAJOR WALTERS PAINTING, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4651 9TH AVE S  
ST PETERSBURG, FL 33711

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
RESIDENTIAL AND COMMERCIAL PAINTING AND ANY OTHER LEGAL BUSINESS IN THE  
STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

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

Name and Title: MAJOR WALTERS Name and Title: \_\_\_\_\_  
Address: 4561 9TH AVE S Address: \_\_\_\_\_  
ST PETERSBURG, FL 33711

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: DAVID C HASTINGS CPA  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

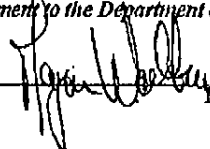
Name: MAJOR WALTERS  
Address: 4561 9TH AVE S  
ST PETERSBURG, FL 33711

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

08/17/12  
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

08/17/12  
Date

H120002075543