

P12000075554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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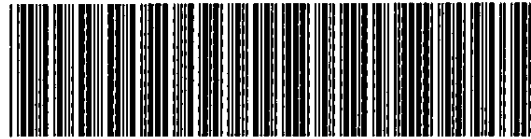
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: White Glove Painting & Finishes, 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: Monica L Daeumler

Name (Printed or typed)

51 Northwest 71st Avenue

Address

Ocala, Florida 34482

City, State & Zip

(561) 541-8443

Daytime Telephone number

smearblackink@msn.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)

ARTICLE I NAME

White Glove Painting & Finishes, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

51 Northwest 71st Avenue
Ocala, Florida 34482

Mailing address, if different is:

51 Northwest 71st Avenue
Ocala, Florida 34482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting Company

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica L Daeumler, President

Address: 51 Northwest 71st Avenue
Ocala, Florida 34482

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: Monica L Daeumler

Address: 51 Northwest 71st Avenue
Ocala, Florida 34482

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica L Daeumler

Address: 51 Northwest 71st Avenue
Ocala, Florida 34482

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

Monica L Daeumler

Required Signature/Registered Agent

8-30-2012

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.

Moni L Daeumler

Required Signature/Incorporator

8-30-2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA