

P 12 000082958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

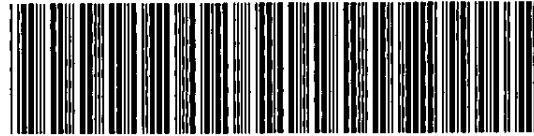
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000239376000

10/01/12--01023--026 **78.75

RECEIVED
12 OCT - 1 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 OCT - 1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 02 2012

E.C.L Finishing Touch, Inc.

214 N Dellview Dr. • Tallahassee, Florida 32303

Office (850)661.3080 • Fax (850)391.9421

October 1, 2012

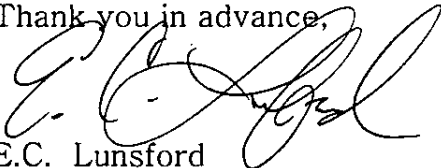
Florida Department of State
ATT: Division of Corporation

To whom it may concern:

This letter is to state that I Edward Chadrick Lunsford, the Owner/President of E.C. Lunsford's Finishing Touch (Document # P09000094986) have no intentions of reinstating the entities of the dissolved corporation listed above.

If you have any questions at all, please feel free to call me at 850.661.3080. We appreciate your business!

Thank you in advance,



E.C. Lunsford

E.C.Ls Finishing Touch

Oct 1 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT - 1 PM 2:34

FILED

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:

E. C. Lunsford's Finishing Touch Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

*214 N. Delview Dr.
Tall, Fl. 32303*

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Flooring
Installation*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Edward Lunsford / President*
Address: *OWNER*

*214 N. Delview Dr.
Tall, Fl. 32303*

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: *E. C. Lunsford*
Address: *214 N. Delview Dr.
Tall, Fl. 32303*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *E. C. Lunsford*
Address: *214 N. Delview Dr.
Tall, Fl. 32303*

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

[Signature]
Required Signature/Registered Agent

Oct 1 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.

[Signature]
Required Signature/Incorporator

Oct 1 2012
Date

FILED
12 OCT - 1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA