

P12000098205

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

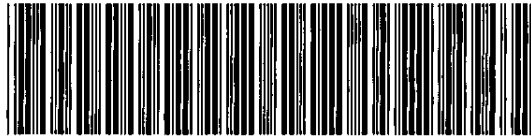
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200241130432

11/30/12--01017--001 \*\*70.00

RECEIVED  
12 NOV 30 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 NOV 30 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*11/30/12*

## COVER LETTER

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

**SUBJECT:** CUSTOM CONCRETE COATINGS & DESIGNS CORP  
(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:** WAYNE A PAYNE  
Name (Printed or typed)

27 LONESOME ROAD  
Address

CRAWFORDVILLE, FL 32327  
City, State & Zip

850-528-1119  
Daytime Telephone number

WMCCCD@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

11-30-12

To Whom it May Concern:

This is to grant permission for  
the use of the name Custom Concrete  
Coating & Design to be used as a  
Corporation. ~~I~~ I have a LLC at the  
present with the same name.  
Sincerely

Wayne A. Payne  
owner

Signed by wife  
Marie Payne

12 NOV 30 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: **CUSTOM CONCRETE COATINGS & DESIGNS CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
27 LONESOME ROAD  
CRAWFORDVILLE, FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: WAYNE A PAYNE PRESIDENT  
Address: 27 LONESOME ROAD  
CRAWFORDVILLE, FL 32327

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

Name and Title: MARIE PAYNE Treasurer  
Address: 27 LONESOME ROAD  
CRAWFORDVILLE, FL

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: MARIE PAYNE  
Address: 27 LONESOME ROAD  
CRAWFORDVILLE, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIE PAYNE  
Address: 27 LONESOME ROAD  
CRAWFORDVILLE, FL 32327

FILED  
12 NOV 30 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

*Marie Payne*

Required Signature/Registered Agent

11-30-12  
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.

*Marie Payne*

Required Signature/Incorporator

11-30-12  
Date