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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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<u> </u>	Office Use On	ly



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SECRETARY OF STATE
TAIL ALLYSSEE, ELOST

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COVER LETTER

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

SUBJECT: CARL FREEMAN PAINTING SERVICE 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	

ROM:	CARL FREEMAN
ICOIVI.	Name (Printed or typed)
	6631 GREEN RD.
	Address
	LAKELAND FLORIDA 33810
	City, State & Zip
	863-858-6868
	Daytime Telephone number
	FREEPTG@GMAIL.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)

	Principal street address	Mailing address, if different	ent is:
GREEN ELAND	FL. 33810		
LE III PU pose for which	the corporation is organized is: PROFE	ESSIONAL PAINTER	
		SEC	ಪ
			JAN 28
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			- P.
LE IV SH	ARES f stock is:	.3.0 	Ę,
LE V IN	TIAL OFFICERS AND/OR DIRECTOR	S	5 5
LE V IN	TIAL OFFICERS AND/OR DIRECTOR e: CARL FREEMAN PRESIDENT 6631 GREEN RD.	S	5 5
IE V IN	TIAL OFFICERS AND/OR DIRECTOR Ic: CARL FREEMAN PRESIDENT	Name and Title:	5 5
Name and Tit	TIAL OFFICERS AND/OR DIRECTOR e: CARL FREEMAN PRESIDENT 6631 GREEN RD.	Name and Title:Address:	F 15
Name and Tit	CARL FREEMAN PRESIDENT 6631 GREEN RD. LAKELAND FL. 33810	Name and Title: Address: Name and Title:	5
Name and Tit Address Name and Title	CARL FREEMAN PRESIDENT 6631 GREEN RD. LAKELAND FL. 33810	Name and Title: Address: Name and Title:	5
Name and Tit Address Name and Title Address	CARL FREEMAN PRESIDENT 6631 GREEN RD. LAKELAND FL. 33810	Name and Title: Address: Name and Title: Address:	- 5

Name and	I Title:	Name and Title:
Address		_ Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Address:	6631 GREEN ROAD	·
radicos.	LAKELAND, FL 33810	FILED 13 JAN 28 PH 4: 15 SECRETARY OF STATE TALLAHASSEF, FICE TO
ARTICLE VII	INCORPORATOR	FILE 128 ASSE
The name and ad	dress of the Incorporator is:	
Name:	CAROLYN FARLEY	
Address:	7539 EASTVIEW PL	଼ିଲ ଅ
	LAKELAND, FL 33810	_
this certificate, I	um familiar with and accept the appointment as re	
	Required Signature/Registered Agent	Date
I submit this doc document to the l		e true. I am aware that the false information submitted in a
Can	In Fally Required Signature/Incorporator	/-/7-/3 Date