

713000010912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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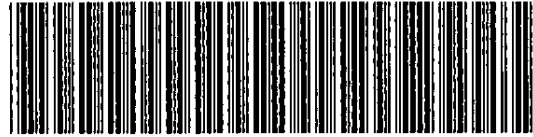
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers FEB 04 2013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 31 PM 12:39

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COVER LETTER

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

SUBJECT: **Crete Doctor 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: **Diane Halstead**

Name (Printed or typed)

2604 Wrencrest Circle

Address

Valrico, Florida, 33596

City, State & Zip

(813) 810-6923

Daytime Telephone number

jameshalstead@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)

ARTICLE I NAME

The name of the corporation shall be: Crete Doctor Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2604 Wrencrest Circle

Valrico, Florida, 33596

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to resurface concrete floors such as driveways, patios,
porches, pool decks, garage floors, interior floors, counter tops, and etc. Using techniques
such as staining, sealing, overlays, textures, stamping, and other various design techniques.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diane Halstead President

Name and Title: _____

Address 2604 Wrencrest Circle

Address: _____

Valrico, FL. 33596

Name and Title: James Halstead Vice-President

Name and Title: _____

Address 2604 Wrencrest Circle

Address: _____

Valrico, FL. 33596

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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(conti.)

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:

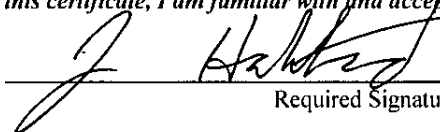
Name: James Halstead Vice-President
Address: 2604 Wrencrest Circle
Valrico, FL. 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diane Halstead President
Address: 2604 Wrencrest Circle
Valrico, FL. 33596

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

01/29/13
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

01/29/13
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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