

713000023919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

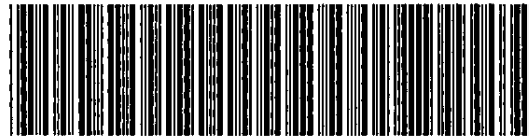
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 14 PM 3:07

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## COVER LETTER

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

SUBJECT: **Plaster Castle, 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: **Chui Wah Leung**

Name (Printed or typed)

**2631 Riverside Dr. #4**

Address

**Coral Springs, FL 33065**

City, State & Zip

**954-610-1616**

Daytime Telephone number

**esther@plastercastle.com**

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

**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: Plaster Castle, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7974 West Sample Road

Margate, - FL 33065

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Provide products, services and activities for families and businesses

**ARTICLE IV    SHARES**

The number of shares of stock is: one thousand (1,000) shares

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

Name and Title: Chui Wah Leung, President

Address: 2631 Riverside Dr., #4

Coral Springs, FL 33065

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

13 MAR 14 PM 3:07  
SECRETARY OF STATE  
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:

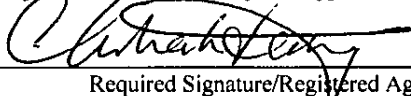
Name: Chui Wah Leung  
Address: 2631 Riverside Dr. #4  
Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

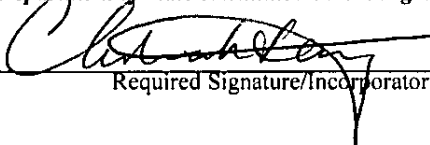
Name: Chui Wah Leung  
Address: 2631 Riverside Dr. #4  
Coral Springs, FL 33065

*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

3/11/2013  
\_\_\_\_\_  
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

3/14/2013  
\_\_\_\_\_  
Date  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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