

P13000037270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

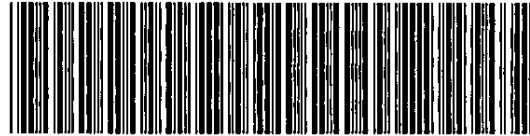
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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1 APR 25 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 25 2013

A. DUNLAP

## COVER LETTER

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

SUBJECT: **EDWARDS PAINTING SERVICES 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **ALAN EDWARDS**  
Name (Printed or typed)  
**3426 RHODODENDRON ROAD**  
Address  
**LAKE PLACID, FL 33852**  
City, State & Zip  
**863-634-1444**  
Daytime Telephone number  
**michaelq5@live.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: **EDWARDS PAINTING SERVICES INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**3426 RHODODENDRON RD**  
**LAKE PLACID, FL 33852**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **NEW CORPORATION**  
**PAINTING SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000 SHARES**

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

Name and Title: **ALAN EDWARDS- PRES**  
Address: **3426 RHODODENDRON RD**  
**LAKE PLACID, FL 33852**

Name and Title: **ADAM EDWARDS- VP**  
Address: **3426 RHODODENDRON RD**  
**LAKE PLACID, FL 33852**

Name and Title: **WAYNE HUTCHINS-TREASURER**  
Address: **210 QUAIL LANE**  
**SEBRING, FL 33870**

Name and Title: **ELIAS G SANCHEZ- SECT.**  
Address: **227 JAY AVE**  
**SEBRING, FL 33870**

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

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

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TALLAHASSEE, FLORIDA

(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: ALAN EDWARDS  
Address: 3426 RHODODENDRON ROAD  
LAKE PLACID, FL 33852

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALAN EDWARDS  
Address: 3426 RHODODENDRON ROAD  
LAKE PLACID, FL 33852

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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*

Alan Edwards  
Required Signature/Registered Agent

4/17/2013  
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.*

Alan Edwards  
Required Signature/Incorporator

4/17/2013  
Date