

P13000052555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

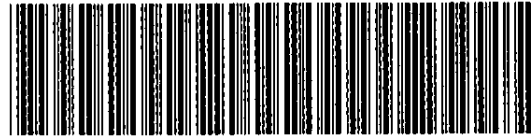
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
2013 JUN 18 AM 12:46  
NOT RELEASED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
13 JUN 18 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

113A000  
15307

6-18-13  
J

## COVER LETTER

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

SUBJECT: Precision Hydro Dipping Company

(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: Marie Payne

Name (Printed or typed)

6505 Mahan Dr Unit 53

Address

Tallahassee, FL 32308

City, State & Zip

850-519-0889

Daytime Telephone number

hydrodipping@hotmail.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: Precision Hydro Dipping Company

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2764 Whitmore Ct

Tallahassee, FI 32312

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to apply water transfer printing to ~~any and all~~ objects.

Examples: helmets, bicycle frames, auto rims, etc.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Mitchell A Payne Pres

Address: 2764 Whitmore Ct

Tallahassee, FI 32312

Name and Title: Wayne A Payne VPres

Address: 6504 Mahan Dr Unit 53

Tallahassee, FI 32308

Name and Title: Marie Payne Sec/Tres

Address: 6504 Mahan Dr Unit 53

Tallahassee, FI 32308

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

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

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

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

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

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

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13 JUN 18 PM 1:01  
SECRETARY OF STATE  
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: Marie Payne  
Address: 6504 Mahan Dr Unit 53  
Tallahassee, FI 32308

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marie Payne  
Address: 6504 Mahan Dr Unit 53  
Tallahassee, FI 32308

*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

6-18-2013  
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.*

Marie Payne  
Required Signature/Incorporator

6-18-2013  
Date