

Oct. 21. 2013 2:10PM
Division of Corporations

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8011
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVID@DAVIDHASTINGS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
MAJOR WALTERS PAINTING OF PINELLAS COUNTY, INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

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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: MAJOR WALTERS PAINTING OF PINELLAS COUNTY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4651 9TH AVE S

SAME

ST PETERSBURG, FL 33711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A PAINTING
CONTRACTOR IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAJOR WALTERS PST

Name and Title: _____

Address 4651 9TH AVE S

Address: _____

ST PETERSBURG, FL 33711

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(cont.)

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S
GULFPORT, FL 33707

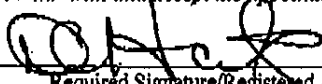
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA

Address: 2207 54TH ST S
GULFPORT, FL 33707

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

10/21/2013

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

10/21/2013

Date

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