

P/3000087359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

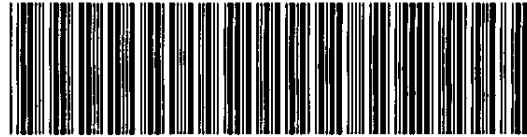
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED "OFFICER
TITLES" TO READ "DIRECTOR"
PER TELEPHONE CONVERSATION
WITH DAVID TARABOLETTA.

K 10/24/13

Office Use Only



700252729837

10/23/13--01014--006 **78.75

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13 OCT 23 PM 3:09
TALLAHASSEE, FLORIDA

K 10/24/13

COVER LETTER

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

SUBJECT: The Plaster Masters, 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: David W. Taraboletti

Name (Printed or typed)

3948 Third Street South, Suite 162

Address

Jacksonville Beach, FL 32250

City, State & Zip

904.473.5985

Daytime Telephone number

dtaraboletti@5pointsconsultinginc.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: The Plaster Masters, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3653 Regent Blvd

Suite 203

Jacksonville, FL 32224

Mailing address, if different is:

3948 Third Street South

Suite 162

Jacksonville Beach, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distributor of Swimming Pool Plastering products

ARTICLE IV SHARES 10,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Carroll, D

Address: 3653 Regent Blvd

Suite 203

Jacksonville, FL 32224

Name and Title: _____

Address: _____

Name and Title: David Taraboletti, D

Address: 3948 Third Street South

Suite 162

Jacksonville Beach, FL 32250

Name and Title: _____

Address: _____

Name and Title: Jon Temple, D

Address: 1512 Millcoe Road

Jacksonville, FL 32225

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, 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: David W. Taraboletti
Address: 3948 Third Street South, Suite 162
Jacksonville Beach, FL 32250

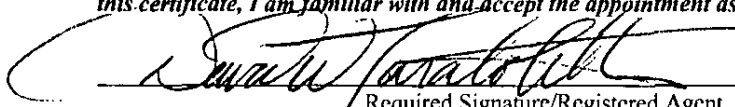
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David W. Taraboletti
Address: 3948 Third Street South, Suite 162
Jacksonville Beach, FL 32250

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CLERK OF COURT
JACKSONVILLE, 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




Required Signature/Registered Agent

10/17/2013

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.



Required Signature/Incorporator

10/17/2013

Date