

P/3 UUG98224

(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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12/10/13--01003--018 \*\*50.00

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 DEC 10 PM 3:40  
10 MINUTES  
SUFFICIENCY OF FILING

12-10-13

I James J. Thomas has  
No Intention for Reinstating  
Get it Done Wright Painting Inc.  
Doc# P12000010496 and I release the  
Name

James J. Thomas  
12/10/13

COVER LETTER

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

SUBJECT: Get it Done Wright Painting 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: James T. Thomas  
Name (Printed or typed)  
8794 Flicker Rd  
Address  
Tallahassee, FL 32305  
City, State & Zip  
(850) 590-8976  
Daytime Telephone number  
JThomas@yahoo.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: Get it Done Wright Painting Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8794 Flicker Rd  
Tallahassee, FL 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Painting

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title:

James T. Thomas/P

Name and Title:

Address

8794 Flicker Rd  
Tallahassee, FL  
32305

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA

18 DEC 10 PM 4:05

APPROVED  
AND  
FILED

(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:

James T. Thomas

Address:

8794 Flicker Rd  
Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

James T. Thomas

Address:

8794 Flicker Rd  
Tallahassee, FL 32305

*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*

James T. Thomas

Required Signature/Registered Agent

12/10/13

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.*

James T. Thomas

Required Signature/Incorporator

12/10/13

Date