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**GPG**

**Guest • Peavy • Guest**

Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994

T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

March 18, 2014

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

RE: Articles of Incorporation  
JOHN SAMIOTIS PAINTING, INC.

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Incorporation to be filed with the Department of State, State of Florida. Also enclosed is my check in the amount of \$78.75, which represents \$35.00 for the filing fee, \$35.00 for the registered agent fee and \$8.75 for the Certified Copy. Please return the certified copy of the Articles of Incorporation.

If you have any questions, please feel free to contact me.

Sincerely,



JAMES GUEST, CPA

## COVER LETTER

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

SUBJECT: JOHN SAMIOTIS 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: Robert Guest

Name (Printed or typed)

50 Kindred Street, Suite 303

Address

Stuart, FL 34994

City, State & Zip

(772) 286-9005

Daytime Telephone number

rguest@gpcpa.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: JOHN SAMIOTIS PAINTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different from:

2649 SE Solana Lane

Port St. Lucie, FL 34952

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this

Corporation is to engage in any and all business permitted

under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: John Samiotis / President

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

Address 2649 SE Solana Lane

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

Port St Lucie, FL 34952

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(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: Robert Guest  
Address: 50 Kindred Street, Suite 303  
Stuart, FL 34994

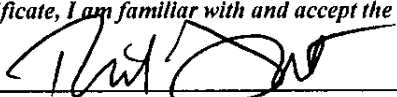
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Samiotis  
Address: 2649 Solana Lane  
Port St Lucie, FL 34952

*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*

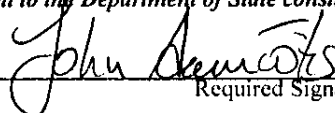


\_\_\_\_\_  
Required Signature/Registered Agent

3/4/2014

\_\_\_\_\_  
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

3/18/2014

\_\_\_\_\_  
Date