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(Business Entity Name)

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14 JUN 17 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-2865A

COVER LETTER

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

SUBJECT: _____

Color Impressions, 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: _____

Justin Massey

Name (Printed or typed)

5 White Rock PL

Address

Palm Coast, FL 32164

City, State & Zip

386-585-2659

Daytime Telephone number

JustinColorImpressionsInc@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2014

JUSTIN MASSEY
5 WHITE ROCK PL
PALM COAST, FL 32164

SUBJECT: COLOR IMPRESSIONS, INC.
Ref. Number: W14000028607

RECEIVED
14 MAY 23 PM 2:12
TALLAHASSEE, FLORIDA

We have received your document for COLOR IMPRESSIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 814A00009680



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

JUSTIN MASSEY
5 WHITE ROCK PL
PALM COAST, FL 32164

SUBJECT: COLOR IMPRESSIONS, INC.
Ref. Number: W14000033742

RECEIVED
14 JUN 17 AM 11:20
TALLAHASSEE, FLORIDA

We have received your document for COLOR IMPRESSIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 814A00011687

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: Color Impressions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5 White Rock PL
Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Interior & Exterior Painting of
Residential & Commercial properties.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Massey owner

Name and Title: _____

Address

5 White Rock PL
Palm Coast, FL 32164

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
14 JUN 17 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Richard Bergholtz,
Address: 808 E. F. H. St.
Mt Dora, FL 32757

not available at
this time

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rick Blume
Address: 5 White Rock Pl
Palm Coast, FL 32164

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

[Signature]
Required Signature/Registered Agent

5/20/14

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.

[Signature]
Required Signature/Incorporator

8/30/14
Date

14 JUN 17 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA