

P/4000 XX083

(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:

Office Use Only



700261298937

08/18/14--01051--018 **87.50

FILING CANCELLED
RETURNED CHECK

FILED
2014 AUG 18 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

East Coast Quality Paining Inc.

August 14th, 2014

**FILING CANCELLED
RETURNED CHECK**

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Phone: (850) 245-6052

I have included a copy of my EIN from the IRS. Please add to my Sunbiz Listing.
Thank you.

Sincerely,

Thomas Harrell
Pres

Enclosure:

COVER LETTER

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

SUBJECT: EAST COAST QUALITY PAINTING
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: THOMAS HARRELL
Name (Printed or typed)

1836 BISCAYNE AVE
Address

South DAYTONA FL 32119
City, State & Zip

386-275-1157
Daytime Telephone number

ECQPINCO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

EIN 46-5214815



CINCINNATI OH 45999-0038

In reply refer to: 0241958298
Aug. 01, 2014 LTR 147C 0
46-5214815 000000 00
Input Op: 0241958298 00002822
BODC: SB

EAST COAST QUALITY PAINTING
INCORPORATED
1836 BISCAYNE AVE
S DAYTONA FL 32119

FILING CANCELLED
RETURNED CHECK

013512

Employer Identification Number: 46-5214815

Dear Taxpayer:

Thank you for your phone call of July 23, 2014.

Your Employer Identification Number (EIN) is 46-5214815. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at www.irs.gov or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you in case we need more information. You also may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILING CANCELLED
RETURNED CHECK

ARTICLE I NAME

The name of the corporation shall be: EAST COAST QUALITY PRINTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1836 BISCAYNE AVE

SOUTH DAYTONA FL. 32119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PRINTING IN THE DAYTONA
BEACH AREA.

ARTICLE IV SHARES

The number of shares of stock is: 200

FILED
2014 AUG 18 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS HARRELL Pres Name and Title: WILLIAM HARRELL VP

Address: 1836 BISCAYNE AVE
SOUTH DAYTONA FL. 32119

Address: 1836 BISCAYNE AVE
SOUTH DAYTONA FL. 32119

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILING CANCELLED
RETURNED CHECK

(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: THOMAS HARRELL
Address: 1836 BISCAYNE AVE
SOUTH DAYTONA BEACH FL 32119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS HARRELL
Address: 1836 BISCAYNE AVE
SOUTH DAYTONA FL 32119

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

✓ Thomas Harrell
Required Signature/Registered Agent

08/14/2014
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.

✓ Thomas Harrell
Required Signature/Incorporator

08/14/2014
Date