

P14 000081089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

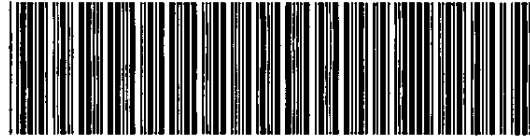
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 OCT -1 AM 9:05

0000

10/20/14

COVER LETTER

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

SUBJECT: D&E Professional 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      ☒ \$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: Ellen Magnusson

Name (Printed or typed)

16762 Whidden Rd

Address

Sarasota, FL 34240

City, State & Zip

941-928-5641

Daytime Telephone number

emagnusson7@gmail.com

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

EIN# 436131312

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: D&E Professional Painting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16762 Whidden Rd

Same

Sarasota, FL 34240

EIN# 463131312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: a painting business

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Ellen Magnusson/owner

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

Address 16762 Whidden Rd

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

Sarasota, FL 34240

Name and Title: David Magnusson/owner

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

Address 16762 Whidden Rd

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

Sarasota, FL 34240

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

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

Address \_\_\_\_\_

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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
14 OCT - 1 PM 9:05

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 Magnusson  
Address: 16762 Whidden Rd  
Sarasota, FL 34240

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ellen Magnusson  
Address: 16762 Whidden Rd  
Sarasota, FL 34240

*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*

David Magnusson  
Required Signature/Registered Agent

9/30/14  
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.*

Ellen Magnusson  
Required Signature/Incorporator

9/30/14  
Date