

P14000082113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

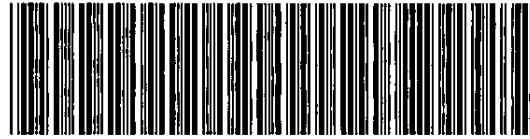
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Certified Copies _____

Certificates of Status _____

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10/06/14--01013--003 **70.00

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14 OCT -6 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 10/07/14

COVER LETTER

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

SUBJECT: HS PAINTING AND REMODELING, CORP.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **DAMARIS CARLO**
Name (Printed or typed)

549 SAM CHASE PL
Address

ORANGE PARK, FL
City, State & Zip

904-568-0367
Daytime Telephone number

HS_PAINT@HOTMAIL.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: HS PAINTING AND REMODELING, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

549 SAM CHASE PL

ORANGE PARK, FL

Mailing address, if different is:

549 SAM CHASE PL

ORANGE PARK, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

OFFER INTERIOR AND EXTERIOR PAINTING SERVICES, TILE, CARPENTRY, PRESSURE WASHER, DRY WALL, CABINET INSTALLTION, INSULATION, E

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAMARIS CARLO /PRESIDENT

Address 549 SAM CHASE PL
ORANGE PARK, FL

Name and Title: _____

Address: _____

Name and Title: HECTOR SANCHEZ/SECRETARY

Address 549 SAM CHASE PL
ORANGE PARK, FL

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: DAMARIS CARLO
Address: 549 SAM CHASE PL
ORANGE PARK, FL


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HECTOR SANCHEZ/SECRETARY
Address: 549 SAM CHASE PL
ORANGE PARK, FL 32073

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TALLAHASSEE, FLORIDA

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

09/26/2014

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

09/26/2014

Date