

P14000082113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

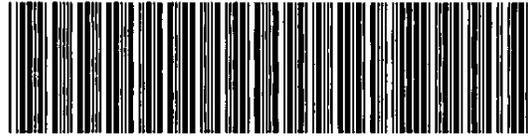
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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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
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: **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 10
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAMARIS CARLO /PRESIDENT Name and Title: _____
Address: 549 SAM CHASE PL Address: _____
ORANGE PARK, FL

Name and Title: HECTOR SANCHEZ/SECRETARY Name and Title: _____
Address: 549 SAM CHASE PL Address: _____
ORANGE PARK, FL

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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

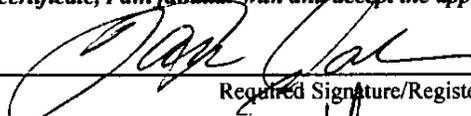
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ARTICLE VII INCORPORATOR

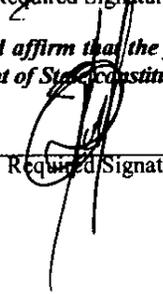
The **name and address** of the Incorporator is:

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

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

 09/26/2014
 Required Signature/Registered Agent 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.

 09/26/2014
 Required Signature/Incorporator Date