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October 27, 2014

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

Re:

Dissolution of Safe Surface Solutions, LLC Establishment of Safe Surface Solutions, Inc.

We, the undersigned, hereby declare that we are the sole members, managers and owners and Michael A. Fineo is the Registered agent of SAFE SURFACE SOLUTIONS, LLC, a Florida Limited Liability Company.

We have prepared and executed a COVER LETTER and ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY, which documents are enclosed herewith. Also, enclosed herewith is a check made payable to the Florida Department of State, in the amount of \$55.00, for the filing fee for filing the Articles of Dissolution for a Limited Liability Company and the specified fee for providing us with a certified copy of the of the Articles of Dissolution for a Limited Liability Company. Please note that the Articles of Dissolution for a Limited Liability Company specify that the effective date for the dissolution shall be December 31, 2014.

We, also, have prepared and executed a COVER LETTER and ARTICLES OF INCORPORATION, for establishing SAFE SURFACE SOLUTIONS, INC., as a Florida For Profit Corporation, which documents are enclosed herewith. Also, enclosed herewith is a check made payable to the Florida Department of State, in the amount of \$78.75, for the filing fee for filing the Articles of Incorporation and Designation of Registered Agent plus the specified fee for providing us with a certified copy of the of the Articles of Incorporation. Please note that one of the articles of the Articles of Incorporation specify that the effective date for the incorporation shall be January 1, 2015.

Please be advised that we, the undersigned, as the sole members, managers and owners of SAFE SURFACE SOLUTIONS, LLC, a Florida Limited Liability Company, do hereby declare that we waive, for and on behalf of Safe Surface Solutions, LLC, any objection, which SAFE SURFACE SOLUTIONS, LLC, a Florida Limited Liability Company may have to the establishment of a Florida corporation with a name, which is confusingly similar with SAFE SURFACE SOLUTIONS, LLC, a Florida Limited Liability Company.

Please file the enclosed documents and return the certified copies of the Articles of Dissolution and the Articles of Incorporation.

Thank, in advance, for your rendering your services as requested herein.

Sincerely,

Michael A. Fineo

Roxane Fineo

COVER LETTER

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

SUBJECT: SAFE SURFACE SOLUTIONS, 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 \$87.50 \$87.50 Filing Fee Filing Fee & Certificate of Status

\$ Certified Copy Certified Copy

Status
ADDITIONAL COPY REQUIRED

& Certificate of

FROM: MICHAEL A. FINEO
Name (Printed or typed)
921 KINGSCOTE COURT
Address
SAFETY HARBOR, FL 34695
City, State & Zip
727-479-7940
Daytime Telephone number
michael.fineo@gmail.com

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)

	UNCIPAL OFFICE Principal street address OTE COURT	1	Mailing address, if different is:
	RBOR, FL 34695		
ARTICLE III PU	RPOSE the corporation is organized is:	WFUL PL	JRPOSE
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ARTICLE III.	a EFFECTIVE DATE		<u>ယ</u> ဟ
		hall ba la	ப
	date of this incorporation s		<u></u>
ARTICLE IV SH The number of shares of ARTICLE V IN	IARES of stock is: 10,000	S	LAWRENCE M LLINN Director/Afice Pres
ARTICLE IV SH The number of shares of ARTICLE V IN	(ARES) 10,000	S Name and Title:	LAWRENCE M LLINN Director/Afice Pres
ARTICLE IV SH The number of shares of ARTICLE V IN	TARES of stock is: 10,000 ITIAL OFFICERS AND/OR DIRECTOR: cle: MICHAEL A. FINEO, Director/Pres.	S	LAWRENCE M. LUNN, Director/Vice Pres
ARTICLE IV SH The number of shares of ARTICLE V IN Name and Tit Address	ARES of stock is: 10,000 ITIAL OFFICERS AND/OR DIRECTORS elle: MICHAEL A. FINEO, Director/Pres. 921 KINGSCOTE COURT SAFETY HARBOR, FL 34695	S Name and Title: Address:	LAWRENCE M. LUNN, Director/Vice Pres 500 115TH AVENUE TREASURE ISLAND, FL 33706
ARTICLE IV SH The number of shares of ARTICLE V IN Name and Tit Address	ARES of stock is: 10,000 ITIAL OFFICERS AND/OR DIRECTOR: dle: MICHAEL A. FINEO, Director/Pres. 921 KINGSCOTE COURT	Name and Title: Address: Name and Title:	LAWRENCE M. LUNN, Director/Vice Pres 500 115TH AVENUE TREASURE ISLAND, FL 33706
ARTICLE IV SH The number of shares of ARTICLE V IN Name and Tit Address	ARES of stock is: 10,000 ITIAL OFFICERS AND/OR DIRECTOR: MICHAEL A. FINEO, Director/Pres. 921 KINGSCOTE COURT SAFETY HARBOR, FL 34695 e: ROXANE FINEO, Director/Treas.	S Name and Title: Address: Name and Title:	LAWRENCE M. LUNN, Director/Vice Pres 500 115TH AVENUE TREASURE ISLAND, FL 33706 BELINDA J. LUNN, Director/Sec 500 115TH AVENUE
ARTICLE IV SH The number of shares of ARTICLE V IN Name and Titl Address	ITIAL OFFICERS AND/OR DIRECTORS ILLI: MICHAEL A. FINEO, Director/Pres. 921 KINGSCOTE COURT SAFETY HARBOR, FL 34695 E. ROXANE FINEO, Director/Treas. 921 KINGSCOTE COURT	Name and Title: Address: Name and Title: Address:	LAWRENCE M. LUNN, Director/Vice Pres 500 115TH AVENUE TREASURE ISLAND, FL 33706 BELINDA J. LUNN, Director/Sec 500 115TH AVENUE TREASURE ISLAND, FL 33706

Address	Ad	ldress:	
	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) of the LAWRENCE M. LUNN	registered agent is:	70 V
Name.	500 115TH AVENUE)¥ 12
Address: _	TREASURE ISLAND, FL 33706		
ARTICLE VII 1	NCORPORATOR		<u>မှ</u> 55
The name and addr	ess of the Incorporator is:		
Name:	MICHAEL A. FINEO		
Address:	921 KINGSCOTE COURT		
	SAFETY HARBOR, FL 34695		
	as re gister ed agent to accept service of process for familiar with and accept the appointment as register		to act in this capacity
	June		October 27, 201
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are true partment of State constitutes a third degree felony as		
Muc			October 27, 201
			Date

_____ Name and Title:___

Name and Title:_