## PIS000013018

(Requestor's Name)				
(Address)				
(Addr	ess)	<del></del>		
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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## **COVER LETTER**

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

## SUBJECT: Pro Ceilings And Drywall Texture repair, 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 \$78.75 \$87.50 Filing Fee, Filing Fee Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Jeremy T Dufur Name (Printed or typed) 10407 Mayflower Rd Address Spring hill, FI 34608 City, State & Zip 352-684-6900 Daytime Telephone number

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

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

Jeremy dufur@hotmail.com

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

CLE II PR	INCIPAL OFFICE		
· · · · · · · · · · · · · · · · · · ·	Principal street address	Mai	ling address, if different is:
07 Mayflo	ower Rd		
ing Hill, F	1 34608	***	
CLE III PU	RPOSE the corporation is organized is:	all Texture Red	oair
irpose for which	the corporation is organized is:		
·			
<del></del>			
			76. 5
			Sign '>
			ASSEE.
CLE IV SH mber of shares o	TARES 100		ASSEE, FLO
CLE IV SH mber of shares of	TARES 100		ASSEE, FLORIO
CLE V IN	ITIAL OFFICERS AND/OR DIRECTO		ASSEE, FLORIDA
CLE V IN			ASSEE, FLORIDA
CLE V IN	ITIAL OFFICERS AND/OR DIRECTO		ASSEE, FLORIDA
CLE V IN	itial officers and/or directo le: Jeremy T Dufur/Preside	nt Name and Title:	ASSEE, FLORIDA
CLE V IN	TTIAL OFFICERS AND/OR DIRECTO le: Jeremy T Dufur/Preside 10407 Mayflower Rd	nt Name and Title:	ASSEE, FLORIDA
CLE V IN	TTIAL OFFICERS AND/OR DIRECTO le: Jeremy T Dufur/Preside 10407 Mayflower Rd	nt Name and Title:	ASSEE, FLORIDA
Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTO le: Jeremy T Dufur/Preside 10407 Mayflower Rd	Name and Title: Address:	<del>9</del> :
Name and Tit Address	Jeremy T Dufur/Preside 10407 Mayflower Rd Spring Hill, FI 34608	Name and Title: Address: Name and Title:	<del>9</del> :
Name and Tit Address Name and Titl	TIAL OFFICERS AND/OR DIRECTOR  Jeremy T Dufur/Preside  10407 Mayflower Rd  Spring Hill, FI 34608	Name and Title: Address: Name and Title:	9
Name and Tit Address Name and Titl	Jeremy T Dufur/Preside 10407 Mayflower Rd Spring Hill, FI 34608	Name and Title:  Address:  Name and Title:  Address:  Address:	<del>9</del>
Name and Tit Address Name and Titl	Jeremy T Dufur/Preside 10407 Mayflower Rd Spring Hill, FI 34608	Name and Title:  Address:  Name and Title:  Address:  Address:	9
Name and Tit Address  Name and Titl Address	Jeremy T Dufur/Preside  10407 Mayflower Rd  Spring Hill, FI 34608	Name and Title: Address: Name and Title: Address:	
Name and Tit Address  Name and Titl Address	Jeremy T Dufur/Preside 10407 Mayflower Rd Spring Hill, FI 34608	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F!	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Jeremy T Dufur	
Address:	10407 Mayflower Rd, Spring hill,	
	FI 34608	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	dress of the Incorporator is:	
Name:	Jeremy T Dufur	
Address:	10407 Mayflower Rd, Spring hill	
	FI, 34608	
	am familiar wit <del>h and</del> accept the appointment as regi	01/20/2015
	Required Signatur Registered Agent	Date
	V	rue. I am aware that the false information submitted in a
	Jan July	01/29/2015
	Required Signature/Incorporator	Date