

P15000014871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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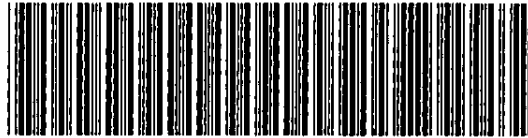
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/2/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2014

JASON MUNOZ
8613 VILLA LARGO DRIVE
TAMPA, FL 33614

SUBJECT: SHOWPIECE SOLUTIONS, INC.
Ref. Number: W14000072391

We have received your document for SHOWPIECE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent must have a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 814A00025583

COVER LETTER

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

SUBJECT: SHOWPIECE 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
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: JASON R. MUNOZ
Name (Printed or typed)

8613 VILLA LARGO DRIVE
Address

TAMPA, FL 33614
City, State & Zip

813-562-0264
Daytime Telephone number

jason@PbcFLORIDA.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: SHOWPIECE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8613 Villa Largo Drive
Tampa, FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform all lawful
business including design, construction and
installation of home improvements.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASON R. MUNOZ (PRES.) Name and Title: _____

Address: 8613 Villa Largo Drive Address: _____

Tampa, FL 33624
5305 Rollinsford Court

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: JASON R. MUNOZ
Address: 5305 Rollinsford Court
Tampa, FL 33624


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: JASON R. MUNOZ
Address: 5305 Rollinsford Court
Tampa, FL 33624

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

~~11/27/14~~ 2/6/15
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

~~11/27/14~~ 2/6/15
Date 