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COVER LETTER

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

SUBJECT: Picture Perfect Remodeling Co.

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lorne Murraine

Name (Printed or typed)

269 Palm Place

Address

Ormond Beach, FL 32174

City, State & Zip

386-868-9473

Daytime Telephone number

Lmremodling@yahoo.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: Picture Perfect Remodeling Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

269 Palm Place
Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit, home improvement, kitchen/bath remodeling, windows/door

repairing and replacing. Ceramic tiles, wood floors, decks, drywall, painting, framing

trim work, plastering/stucco, pressure washing, after disaster clean up, yardwork,
tree trimming.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorne Murraine, Pres

Name and Title: Tora Murraine, Vic. Pres.

Address: 269 Palm Place
Ormond Beach,
FL 32174

Address: 269 Palm Place
Ormond Beach,
FL 32174

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(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: Lorne Murraine

Address: 269 Palm Place

Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

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

Name: Lorne Murraine

Address: 269 Palm Place

Ormond Beach, FL 32174

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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

Lorne Murraine

Required Signature/Registered Agent

2/11/2015

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.

Lorne Murraine

Required Signature/Incorporator

2/11/15

Date