

P15000026198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

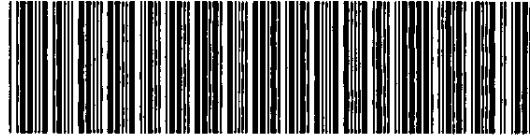
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900270508569

03/16/15--01028--015 **/0.00

15 MAR 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

V/A

COVER LETTER

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

SUBJECT: **MR PAINTING, 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: **MARCO RAMOS**

Name (Printed or typed)

4253 MAYFAIR LANE

Address

PORT ORANGE, FL 32129

City, State & Zip

386-424-8088

Daytime Telephone number

MARCORAMOSPAINING@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

MR PAINTING, INC.

15 MAR 16 PM 1:57

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS IF DIFFERENT IS
TALLAHASSEE, FLORIDA

4253 MAYFAIR LANE

PORT ORANGE, FL

32129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PRACTICE THE PROFESSION OF PAINTING

RENDERING THAT TYPE OF PROFESSIONAL SERVICE
AND SERVICES ANCILLARY THERETO

ARTICLE IV SHARES 50

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO RAMOS PRESIDENT

Name and Title: _____

Address 4253 MAYFAIR LANE

Address: _____

PORT ORANGE, FL

32129

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
(cont.)
AND
FILED

15 MAR 16 PM 1:57

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARCO RAMOS
Address: 4253 MAYFAIR LANE
PORT ORANGE, FL 32129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCO RAMOS
Address: 4253 MAYFAIR LANE
PORT ORANGE, FL 32129

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

03/12/2015

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.

Required Signature Incorporator

03/12/2015

Date