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(Re	equestor's Name)	<u>.                                    </u>		
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(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

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

SUBJECT: Olde World	Painting	Inc.				
(PROPOSED CORPORATE NAME – <u>MUSTAMCLUDE SUFFIX</u> )  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 \$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status				
FROM: Paul D Richard O'Keefe Name (Printed or typed)						
Sarasota FL- City, S	ddress - 34136 State & Zip					
Daytime Telephone number  Olde World Painting & grail. (on  E-mail address: (to be used for future annual report notification)						

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

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

Principal street address  Twin Place		М	Mailing address, if different is:		
	Florida 3				
RTICLE III PI ne purpose for which	URPOSE The the corporation is o	organized is:	esidential	House	Painting
					SECOLIA SECOLIA VALLAHAS
	HARES OF Stock is:		TOPS		OF STATE
RTICLE V I	NITIAL OFFICERS	S AND/OR DIREC	<del><u></u></del>		OF STATE
RTICLE V I	NITIAL OFFICERS	S AND/OR DIREC	Name and Title:_		OF STATE
RTICLE V I	nitial officers  itle: Paw Je  President	s <u>and/or direc</u> effecy 0'kecf	Name and Title: Address:		OF STATE
Name and 1 Address	MITIAL OFFICERS  Title: Paul Je  President  612 OL  Survotu	s AND/OR DIRECT  office O'Kecf  the Place  FL 34136	Name and Title: Address:		SEE FLORIDA
Name and 1 Address	MITIAL OFFICERS  Title: Paul Je  President  612 OL  Survotus  itle: Paul D	S AND/OR DIRECT  Strey O'Kect  To Place  FL 34136  Richard O'	Name and Title:  Address:  Name and Title:		AFI IT OF STATE
Name and T  Address  Name and T	MITIAL OFFICERS  President  GIZ OL  Suranotus  Vice President  Line President	s AND/OR DIRECT  office O'Kecf  the Place  FL 34136	Name and Title:Address:		SEE FLORIDA
Name and T Address  Name and T Address	MITIAL OFFICERS  President  GIX OL  Suranotus  Vice President  Line President  Suranotus  Vice President  Suranotus	SAND/OR DIRECT  Effrey O'Keck  I'M Place  FL 34236  Richard O'l  Lent, Treasur  Lin Place  FL 34236	Name and Title:Address:		SEE FLORIDA

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGE	NT	
	Box NOT acceptable) of the registered agent is:	9
Name: Poul Jef	frey O'Keefe	
Address: 61% Ohio	Plue	15 H
Surasuta FL	34736	記ちる。
<b>,</b>		
ARTICLE VII INCORPORATOR		THE THE
The <u>name and address</u> of the Incorporator	is:	SECRETARY OF STATE OF
Name: Paul DR	ichned O'lacete	DE -
Address: 4 L Jul	in Place	
	L 34136	
Having been named as registered agent to this certificate, I am familiar with and acce	accept service of process for the above stated corporate the appointment as registered agent and agree to act	ion at the place designated in in this capacity
	_	3/17/15
Required Signate	ure/Registered Agent	Date
I submit this document and affirm that the document to the Department of State consti	e facts stated herein are true. I am aware that the fals itutes a third degree felony as provided for in s.817.155,	se information submitted in a F.S.
20,4		3/17/15
Required Signa	ature/Incorporator	Date