

P150000 40107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

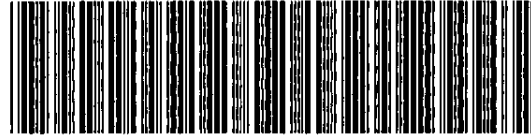
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/15--01011--006 **70.00

FILED
15 APR 29 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **PETRAS PRO 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: **LAURA PETRARCA**

Name (Printed or typed)

69 WOODLAWN DRIVE

Address

PALM COAST, FLORIDA 32164

City, State & Zip

1-386-517-4433

Daytime Telephone number

PETRASHATS@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: PETRAS PRO PAINTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

69 WOODLAWN DRIVE
PALM COAST, FLORIDA 32164

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFULL CONSTRUCTION WORK

ARTICLE IV SHARES

The number of shares of stock is: 100

15 APR 29 PM 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAURA PETRARCA Name and Title: _____

Address 69 WOODLWAN DRIVE Address: _____
PALM COAST, FLORIDA 32164

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: LAURA PETRARCA

Address: 39 WOODLAWN DRIVE

PALM COAST, FLORIDA 32164

ARTICLE VII INCORPORATOR

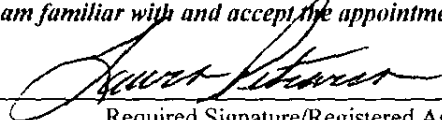
The name and address of the Incorporator is:

Name: LAURA PETRARCA

Address: 69 WOODLAWN DRIVE

PALM COAST, FLORIDA 32164

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

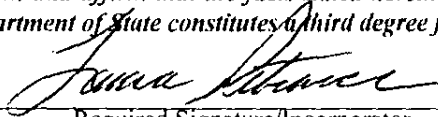


Required Signature/Registered Agent

04/25/2015

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

04/25/2015

Date