

P15000042560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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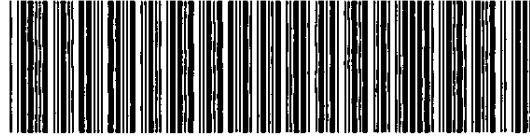
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/15--01014--011 **70.00

15 MAY -8 AM 11:33
FALLS CHURCH, VIRGINIA
FALLS CHURCH, VIRGINIA

COVER LETTER

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

SUBJECT: Land and Sea 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 ☐ \$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: Scott Megerle

Name (Printed or typed)

1807 SW Grant Ave

Address

Port St Lucie, FL 34953

City, State & Zip

772-708-0026

Daytime Telephone number

kmegerle@aol.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: Land and Sea Painting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1807 SW Grant Ave

Port St Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which this corporation is to establish a Professional painting corporation .

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott A. Megerle, President

Name and Title: Kathryn J. Megerle, Vice-President

Address 1807 SW Grant Ave

Address: 1807 SW Grant Ave

Port Saint Lucie, FL 34953

Port Saint Lucie, FL 34953

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: Debra L Lane

Address: 681 SE Degan Drive

Port Saint Lucie, FL 34983

ARTICLE VII INCORPORATOR

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

Name: Debra L Lane

Address: 681 SE Degan Drive

Port Saint Lucie, FL 34983

15 MAY -9 AM 11:33
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VIII EFFECTIVE DATE: 05/01/2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Debra L. Lane

Required Signature/Registered Agent

5/1/15

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.

Debra L. Lane

Required Signature/Incorporator

5/1/15

Date