

PIS 000074202

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(Business Entity Name)

(Document Number)

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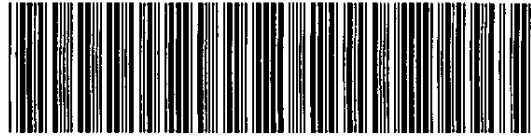
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W. S. W. S. 4015

SEP 11 2015

T. SCOTT



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08/06/15--01017--006 \*\*78.75

15 SEP -4 AM 10:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2015

GREG ROSS  
311 SE 10TH COURT  
FORT LAUDERDALE, FL 33316

SUBJECT: UNDER COVER PADDING, INC.  
Ref. Number: W15000054015

We have received your document for UNDER COVER PADDING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one registered agent and one registered agent signature required.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 815A00016926

## COVER LETTER

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

**SUBJECT:** Under Cover Padding, 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: greg ross  
Name (Printed or typed)

311 SE 10TH COURT  
Address

FORT LAUDERDALE, FL 33316  
City, State & Zip

954-522-4506  
Daytime Telephone number

GREGROSSESQ@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**

UNDER COVER PADDING, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2570 N. POWERLINE RD#501

POMPANO BEACH, FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FLOORING  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

1500  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PETE PINO, PRES

Name and Title: ANN REYNOLDS, SECRETARY

Address 2750 N. POWERLINE RD#501

Address: 2750 N. POWERLINE RD #501

POMPANO BEACH, FL 33069

POMPANO BEACH, FL 33069

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

15 SEP - 4 AM 10:35

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: GREG ROSS  
Address: 311 SE 10TH COURT  
FORT LAUDERDALE, FL 33316

**ARTICLE VII INCORPORATOR**

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

Name: PETE PINO AND ANN REYNOLDS  
Address: 2750 N. POWERLINE RD#501  
POMPANO BEACH, FL 33069

**ARTICLE VIII EFFECTIVE DATE:**

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*

\_\_\_\_\_  
Required Signature/Registered Agent  
7-29-15  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
7-29-15  
Date