

P15000077467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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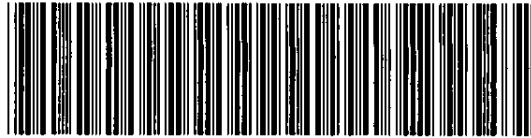
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 22 2015
TALLAHASSEE, FLORIDA

15 SEP 22 AM 9:43

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COVER LETTER

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

SUBJECT: Complete Painting Plus 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: Tommy L Leaks
Name (Printed or typed)

1410 Coleman St.
Address

Tall, FL 32310
City, State & Zip

(850) 727-1110
Daytime Telephone number

Leaks34@gmail.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)

ARTICLES
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Complete Painting Plus Inc. 15 SEP 22 AM 9:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE FLORIDA

1410 Coleman St
Tallahassee FLA 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quality painting, flooring
and tile service at a reasonable price. sheetrock services
will also be provided.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy LEAKS (President) Name and Title: _____

Address 1410 Coleman St Address: _____
TALL, FLA 32310

Name and Title: Frank Hollins (Vice-President) Name and Title: _____

Address 2701 Unit 7 Brown Rd Address: _____
TALL, FLA 32301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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AND
FILED

Name and Title: _____ Name and Title: 15 SEP 22 AM 9:48

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: Tommy Leaks

Address: 1410 Coleman St.
Tallahassee FLA 32310

ARTICLE VII INCORPORATOR

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

Name: Tommy Leaks

Address: 1410 Coleman St.
Tallahassee FLA 32310

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

Tommy Le Leaks
Required Signature/Registered Agent

09/22/15
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.

Tommy Le Leaks
Required Signature/Incorporator

09/22/15
Date