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2016 FEB 12 P 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2016

T. LEMIEUX

COVER LETTER

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

SUBJECT: Now Interior Finishes, Incorporated
(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: Anthony Dunn
Name (Printed or typed)

P.O. Box 492
Address

Lake City, FL 32056
City, State & Zip

(904) 525-9414
Daytime Telephone number

tong.dunn376@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)

ARTICLE I NAME

The name of the corporation shall be: Now Interior Finishes, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2454 SW Little Rd.

P.O. Box 492

Lake City, FL 32024

Lake City, FL 32056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit in the business of
interior construction contracting.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Dunn, President

Name and Title: Anthony Dunn, CEO

Address 2454 SW Little Rd., Lake City FL

Address: _____

Mailing P.O. Box 492

Lake City, FL 32056

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2016 FEB 12 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Anthony Dunn

Address: 2454 SW Little Rd.
Lake City, FL 32024

ARTICLE VII INCORPORATOR

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

Name: Anthony Dunn

Address: 2454 SW Little Rd.
Lake City, FL 32024

Mailing P.O. Box 492
Lake City, FL 32056

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

Anthony J. Dunn
Required Signature/Registered Agent

02/01/2016
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.

Anthony J. Dunn
Required Signature/Incorporator

02/01/2016
Date