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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
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2016 FEB 12 P 12: 12
SECRETARY OF STATE
NELAHASSEE, FLORIDA

* MARKOVITZ & GERMINARO Attorneys-At-Law

Robert S. Markovitz Samuel J. Germinaro

> Harry Markovitz (1917-1999)

1001 East Entry Drive Suite 201-A Pittsburgh, Pennsylvania 15216 412/571-0601 Fax: 412/571-1635

February 8, 2016

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

Re:

Premium Painting Contractors, Inc.

Dear Sir or Madam:

Please file the enclosed Articles of Incorporation being submitted for the entity identified above. A check in the amount of \$70 is included with this filing made payable to the Florida Department of State. If there are any questions regarding the filing, or if any additional information is needed, please contact me at 412-571-0601. Thank you for your kind assistance in this matter.

Very truly yours,

Eric R. Jahn

ERJ Enclosure

COVER LETTER

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

SUBJECT:	emium Painting Contractors, Inc.				
•	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Eric R. Jahn, Esq. Name (Printed or typed)				
	1001 East Entry Drive, Ste 200				
·	Address				
	Pittsburgh, PA 15216				
•	City, State & Zip				
	412-571-0601				
•	Daytime ?	Telephone number			
	ericj@mda-cpa.com				
-	E-mail address: (to be use	ed 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)

The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address		N	Mailing address, if different is:	
12965 Mizner Way				
Wellington, FL 3341	4			
ARTICLE III PURPO The purpose for which to	OSE Painting the corporation is organized is:	services.		
			2016 FEB	
he number of shares of	stock is:		LED 12 P I2: 17 NRY OF STATE SSEE, FLORID	
The number of shares of	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costa, Director	Name and Title	12 P I2: 12 NRY OF STATE SSEE, FLORIDA Alfonso A Costa Pros/Soc/Treas	
The number of shares of IRTICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costo Director	Name and Title:	12 P I2: 12 NRY OF STATE SSEE, FLORIDA Alfonso A Costa Pros/Soc/Treas	
	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costa, Director	Name and Title: Address:	SSEE, FLORIDA Alfonso A. Costa, Pres/Sec/Treas.	
the number of shares of the number of the number of the number of shares of the number of	AL OFFICERS AND/OR DIRECTORS e: 12965 Mizner Way		Alfonso A. Costa, Pres/Sec/Treas.	
he number of shares of **RTICLE V INITIA** Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costa, Director 12965 Mizner Way Wellington, FL 33414	Address:	Alfonso A. Costa, Pres/Sec/Treas. 12965 Mizner Way Wellington, FL 33414	
The number of shares of IRTICLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costa, Director 12965 Mizner Way Wellington, FL 33414	Address: Name and Title:	Alfonso A. Costa, Pres/Sec/Treas. 12965 Mizner Way Wellington, FL 33414	
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costa, Director 12965 Mizner Way Wellington, FL 33414	Address: Name and Title:	Alfonso A. Costa, Pres/Sec/Treas. 12965 Mizner Way Wellington, FL 33414	
The number of shares of **RTICLE V INITIA** Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS Alfonso A. Costa, Director 12965 Mizner Way Wellington, FL 33414	Address: Name and Title: Address:	Alfonso A. Costa, Pres/Sec/Treas. 12965 Mizner Way Wellington, FL 33414	

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Alfonso A. Costa	_ 	
Address:	12965 Mizner Way		
	Wellington, FL 33414		
ARTICLE VII	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Samuel J. Germinaro		
Address:	1001 East Entry Drive, Ste 200		
	Pittsburgh, PA 15216		
Effective date, (If an effective days after the	edate is listed, the date must be specific and can filing.)		ness days prior or 90 business
	ate inserted in this block does not meet the applicate effective date on the Department of State's record		nts, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corp	oration at the place designated in act in this capacity
	Required Signature/Registered Agent		2-1-16 Date
I submit this di	ocument and affirm that the facts stated herein a	– re true. I am aware that the	
document to the	e Department of State constitutes a third degree fe	lony as provided for in s.817.	155, F.S.
Sar	nue Jennar uired Signature/Incorporator		2-1-16 Date
req	uned Signature/incorporator		Date