

P16000051013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

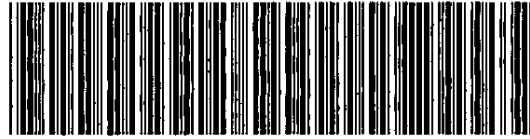
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/16--01024--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF BUSINESS REGISTRATION
16 MAY -6 PM 8:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2016

DAVID C. HETTEL
135 IVANHOE DRIVE
ORMOND BEACH, FL 32176

SUBJECT: PRIMAL COLORS, INC.
Ref. Number: W16000038888

RECEIVED
16 JUN 13 AM 11: 56
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for PRIMAL COLORS, 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):

In order for us to process this document, we need the following information corrected: *The Registered Agent's section is not complete. There must be a name and address in Article VI, Registered Agent section. as well as the signature.,*

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 016A00011177

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STATE DEPT OF STATE
DIVISION OF CORPORATIONS
16 MAY -6 PM 8: 16

COVER LETTER

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

SUBJECT: PRIMAL COLORS, 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
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: DAVID C. HETTEL
Name (Printed or typed)

135 IRANHOE DRIVE
Address

ORMOND BEACH FL 32176
City, State & Zip

386-212-3764
Daytime Telephone number

D JHETTEL@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: PRIMAL COLORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

135 IVANHOE DRIVE

ORMOND BEACH FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CREATE COMPANY TO PROVIDE
SPECIALTY PAINTING + FINISHING SERVICES

16 MAY - 6 PM 8:16

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DAVID C. HETTEL</u>	Name and Title:	<u>JILL A HETTEL</u>
Address	<u>135 IVANHOE DR</u> <u>Ormond Beach</u> <u>FL 32176</u>	Address:	<u>135 IVANHOE DR</u> <u>Ormond Beach</u> <u>FL 32176</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title: ~~DAVID HETTEL / PRES.~~ Name and Title: ~~JILL A. HETTEL~~
 Address: ~~135 IVANHOE DR.~~ Address: ~~VICE PRES~~
~~2200 ORMOND BEACH FL~~ ~~135 IVANHOE DR~~
~~32176~~ ~~Ormond Beach FL~~
~~32176~~

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID C. HETTEL
 Address: 135 IVANHOE DR.
ORMOND BEACH FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C. HETTEL
 Address: 135 IVANHOE DR
Ormond Beach FL 32176

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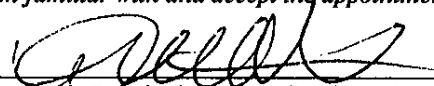
ARTICLE VIII EFFECTIVE DATE:

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.)

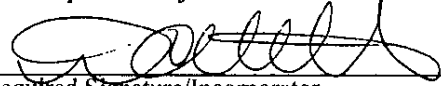
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/23/16
 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

05/03/2016
 Date