

P16000064643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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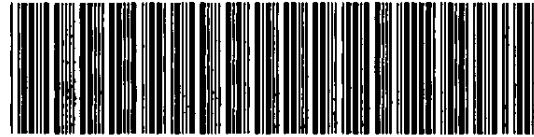
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/07/16--01003--003 **78.75

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13 JUL -5 AM 8:57

W16-042573

08/08/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2016

MICHELLE ALLEN
37239 HIGH RIDGE DR.
DADE CITY, FL 33525

SUBJECT: THE PAINT WAREHOUSE INC.
Ref. Number: W16000042573

We have received your document for THE PAINT WAREHOUSE 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):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 016A00012262

COVER LETTER

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

SUBJECT: The Paint Warehouse 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: Michelle Allen
Name (Printed or typed)

37239 Highridge Dr.
Address

Dade City, FL 33525
City, State & Zip

248-941-4078
Daytime Telephone number

michelle@thepaintwarehouseinc.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

RECEIVED

16 AUG -5 PM 3:16

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: The Paint Warehouse Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

37239 Highridge Dr.

Dade City, FL 33525

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mail order internet sales business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Michelle Allen

Address: 37239 Highridge Dr.

Dade City, FL 33525

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Allen

Address: 37239 Highridge Dr.

Dade City, FL 33525

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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

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.

Michelle Allen
Required Signature/Incorporator

June 1, 2016

Date

TO: Florida Department of State

From : Michelle Allen

37239 Highridge Dr

Dade City, FL 33525

I am hereby familiar with and accept the duties and responsibilities of Registered Agent for The Paint Warehouse Inc.

A handwritten signature in black ink, appearing to read "Michelle Allen", with a stylized flourish at the end.

Michelle Allen

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CLERK OF COURT
16 AUG -5 AM 8:57