

P17000063867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

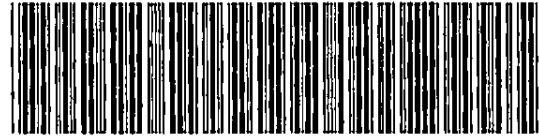
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 JUL  
17 JUL 27 AM 9:59  
TALLAHASSEE, FLORIDA  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

07/28/17

## COVER LETTER

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

SUBJECT: PAUL'S PAINTING & CARPENTRY, 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: PAUL GEIGER  
Name (Printed or typed)

6860 S.W. 179TH TERRACE  
Address

MIAMI FL 33156  
City, State & Zip

305 301 8008  
Daytime Telephone number

PGEIGER526@YAHOO.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:

PAUL'S PAINTING & CARPENTRY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6860 S.W. 129TH TERRACE  
MIAMI, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS OPERATIONS,  
AND PAINTING / CARPENTRY

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PAUL GEIGER / P, T

Name and Title:

~~ROBERTA T. TROSKA~~

Address

6860 SW 129 TERR  
MIAMI, FL  
33156

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: BENJAMIN M. ESCO, ESQ

Address: 9150 S. DADLAND BLVD #1400  
MIAMI FL 33156

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RECEIVED  
DEPT. OF STATE  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAUL GEIGER

Address: 6860 SW 129TH TERRACE  
MIAMI, FL 33156

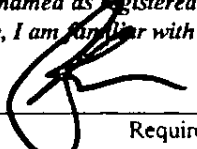
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

 (BENJAMIN ESCO)  
Required Signature/Registered Agent

7/21/17  
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

7-21-17  
Date