

P/70000 733/4

(Requestor's Name)

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(City/State/Zip/Phone #)

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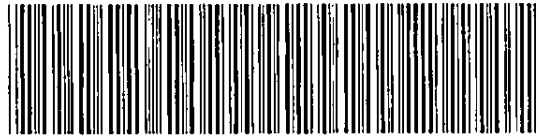
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 SEP -1 PM 1:53

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09/01/17

COVER LETTER

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

SUBJECT: James Smooth Colors ^{Painting and} ^{Handy man} ^{Service}
(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: James Artist Wilson IV
Name (Printed or typed)

1555 Balkin Rd.
Address

Tallahassee FL 32305
City, State & Zip

~~850-204-2451~~ 850-204-2451
Daytime Telephone number

jameswilson1973@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: James Smooth Colors painting and Handy man service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1555 Balkin Rd.

Mailing address, if different is:

Same

Tallahassee Fl. 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To any and lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Name and Title: James A Wilson IV

Name and Title:

Address

1555 Balkin Rd
Tallahassee Fl
32305

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL

President
Name and Title: James A Wilson IV Name and Title: _____
Address: 1555 Balkin Rd Address: _____
Tallahassee FL
32305

ARTICLE VI REGISTERED AGENT

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

Name: James A Wilson IV
Address: 1555 Balkin Rd
Tallahassee FL 32305

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TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Wilson IV
Address: 1555 Balkin Rd
Tallahassee FL 32305

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

James A Wilson IV
Required Signature/Registered Agent

9/1/2017
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.

James A Wilson IV
Required Signature/Incorporator

9/1/2017
Date