

P17000092870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

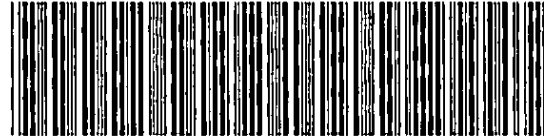
Special Instructions to Filing Officer:

Office Use Only

W17000079998

N. SAMS

NOV 21 2017



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10/26/2017 1:05PM

17 NOV 21 PM 3:09

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
17 NOV 21 PM 3:10  
TALLAHASSEE, FLORIDA

October 31, 2017

OLULE BITOL (2ND ML)  
P.O. BOX 290362  
TAMPA, FL 33687

SUBJECT: EXPERIENCE COATINGS INC  
Ref. Number: W17000083049

We have received your document for EXPERIENCE COATINGS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The designation of the registered agent must be at a Florida street address.

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: 717A00021013

11/03/2017

To whom, it may concern

I made the changes requested; I hope everything is right this time. This is the number they give to me for this case: W17000079998

Odule Bitol.

17 NOV 21 PM 3:10  
FBI - NEW YORK

## COVER LETTER

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

SUBJECT: Experience Coatings 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: Odile Bitol  
Name (Printed or typed)  
13210 stone fountain ste302  
Address  
Tampa Florida 33612  
City, State & Zip  
8135086254  
Daytime Telephone number  
odilecontact@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: Experience coatings Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>13210 stone fountain ste302</u>	<u>P.o. box 290362</u>
<u>Tampa Florida 33612</u>	<u>Tampa Florida 33687</u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to conduct the business of sand blasting, surface preparation and coating of materials work to be performed on privately owned vessels and on vessel owned by the United States cost guard.

the United States Department of commerce, U.S. Maritime Administrative Division (MARADA) and the United States

Deparment of Defence, Military sea lift Command as well as barges and oil rigs and to transact any and all other lawful

busniness for which Corporations may be incorporated under the Florida Business Corporation Act ("Act"); provide that

nothing herein contained shall be construed as authorizing this corporation to cary on the business of banking or that of a

trust company or the business of insurance.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Odule Bitol President</u>	Name and Title:	_____
Address	<u>13230 stone fountain ste302</u>	Address:	_____
	<u>Tampa Florida 33612</u>		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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FALLING ROCK RECORDS

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: Odule Bitol  
Address: 13210 stone fountain ste302  
Tampa Florida 33612

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Odule Bitol  
Address: 13210 stone fountain ste302  
Tampa Florida 33612

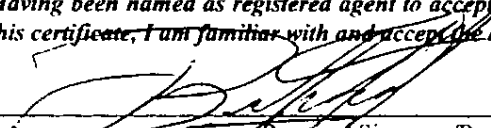
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FILED  
TAMPA, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

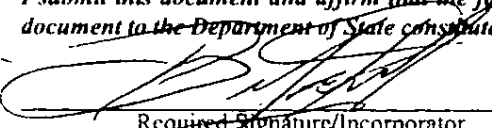
Effective date, if other than the date of filing: 11/03/2017 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 11/03/2017  
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.*

 \_\_\_\_\_ 11/03/2017  
Required Signature/Incorporator Date