

PK800038992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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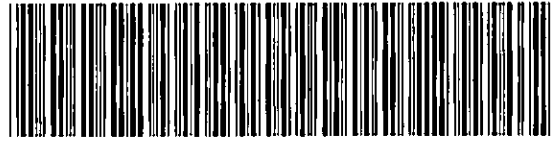
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000312858440

05/02/18--01003--003 **78.75

18 MAY -2 AM 9:24

FILED

2018 MAY -2 AM 9:28
CLERK OF STATE
ALLAHASSEY, FLORIDA

COVER LETTER

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

SUBJECT: A-1 Painting 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: Kelly Griffin
Name (Printed or typed)

701 E. College Ave
Address

Tallahassee, FL 32301
City, State & Zip

Daytime Telephone number

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

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2010 MAY - 2 AM 9:23
DEPT. OF STATE
TALLAHASSEE, FL 32301

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: A-1 Painting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

701 E. College Ave
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: painting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly Griffin Name and Title: _____

Address 701 E. College Ave Address: _____
Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2018 MAY -2 AM 9:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Kelly Griffin
Address: 701 E. College Ave
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

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

Name: Kelly Griffin
Address: 701 E. College Ave
Tallahassee FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Kelly Griffin
Required Signature/Registered Agent

5-1-18
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.

Kelly Griffin
Required Signature/Incorporator

5-1-18
Date