

P19000043237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

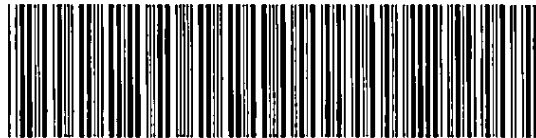
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
2019 MAY 28 PM 2:49
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

J. FASON
MAY 28 2019

COVER LETTER

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

SUBJECT: PIERRE MOREAU 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: PIERRE MOREAU
Name (Printed or typed)

1705 COTTAGE ROSE LN
Address

TLH, FL 32308
City, State & Zip

878-8378
Daytime Telephone number

PIERREJAN@EMBARQMAIL.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: PIERRE MOREAU INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1705 COTTAGE ROSE LN
TLH, FL 32308

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOUSE PAINTING

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PIERRE MOREAU CEO Name and Title: _____

Address: 1705 COTTAGE ROSE LN Address: _____
TLH, FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
ALL AMASSES RETURN

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: PIERRE MOREAU
Address: 1705 COTTAGE ROSE LN
TLH, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PIERRE MOREAU
Address: 1705 COTTAGE ROSE LN
TLH, FL 32308

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

Pierre Moreau
Required Signature/Registered Agent

5-28-19
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.

Pierre Moreau
Required Signature/Incorporator

5-28-19
Date