P22000024010

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D) (E) (1)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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COVER LETTER

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CUSTON	M PAINTING BY EDWARD PAC		IDD CHECKY
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	DDE SUFFIX)
ed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	ISTOM PAINTING BY EDWARD Nan 60 Old Dixie Hwy	PACE, INC.	
		Address	
Gra	ant, FL 32949	<u> </u>	
	Cit	y, State & Zip	
32	1-634-4404		
_	Daytime	Telephone number	
Ste	phaniepace37@gmail.com		
	F-mail address: (to be us	sed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

Custom Painting by Edward Pace Inc

6550 Old Dixie Hwy Grant, FL 32949 321-634-4404

Stephaniepace37@gmail.com

February 17, 2022

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Document Number P03000109557

CUSTOM PAINTING BY EDWARD PACE, INC.

Dear Sir or Madam:

I am the owner of the above referenced corporation that has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Incorporation for a new corporation that has the same name, along with the required \$70 fee.

Sincerely,

Edward Pace, President

ZUZZ MAR 14 AM 12: 07 SLUMENARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CE P 42 - BB 1111	CIDAL OFFICE		
CLE II PRINC	Principal street address	Mailing	address, if different is:
Old Dixie Hwy			
, FL 32949			
RTICLE III PURPOSE The purpose for which the corporation is organized is: An		and all lawful purposes.	
			PLI STEE
			WEZ KAR
			(0 = 1
		<u> </u>	EF. FLORIT
			755 6
			RICH
		·	
	RES 100 f stock is:		
ICLE V INIT	AL OFFICERS AND/OR DIRECTO Edward Pace, President le:	<u>ORS</u>	
ICLE V INIT	le:	ORS Name and Title:	
ICLE V INIT	le:	ORS Name and Title:	
ICLE V INIT	AL OFFICERS AND/OR DIRECTO le: 6550 Old Dixie Hwy	ORS Name and Title:	
Name and Tit Address	le: Edward Pace, President 6550 Old Dixie Hwy Grant, FL 32949	ORS Name and Title: Address:	
Name and Tit Address Name and Tit	Edward Pace, President 6550 Old Dixie Hwy Grant, FL 32949	ORS Name and Title: Address: Name and Title:	
Name and Tit Address	le: Edward Pace, President 6550 Old Dixie Hwy Grant, FL 32949	ORS Name and Title: Address: Name and Title: Address:	
Name and Tit Address Name and Tit	le: Edward Pace, President 6550 Old Dixie Hwy Grant, FL 32949	Name and Title: Address: Name and Title: Address: Address:	
Name and Tit Address Name and Tit	le: Edward Pace, President 6550 Old Dixie Hwy Grant, FL 32949	Name and Title: Address: Name and Title: Address: Address:	
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Name and Tit Address Name and Tit Address	le: Edward Pace, President 6550 Old Dixie Hwy Grant, FL 32949	DRS Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	must let af the majetored agent is:
The <u>name and l</u>	Florida street address (P.O. Box NOT acc Edward Pace	
Name:		
Address: _	6550 Old Dixie Hwy	
	Grant, FL 32949	TALLAHASSEE, FLORIO
APTICLE VII	<u>INCORPORATOR</u>	SSEE TO
·		SI SI
The name and	address of the Incorporator is:	ORIFE OR
Name:	Edward Pace	
Address:	6550 Old Dixie Hwy	
	Grant, FL 32949	
<u>ARTICLE VII.</u>	I EFFECTIVE DATE:	(OPPIONAL)
Effective date, (If an effective filing.)	if other than the date of filing: date is listed, the date must be specific	and cannot be more than five days prior or 90 days after the
Note: If the da	ate inserted in this block does not meet the seffective date on the Department of State	applicable statutory filing requirements, this date will not be listed as s records.
Having been n this certificate,	named as registered agent to accept service I am famfliar with and accept the appoint	of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
	har -	02/17/2022
	Required Signature/Registered	Agent Date
I submit this o	document and affirm that the facts stated	herein are true. I am aware that the false information submitted in a legree felony as provided for in s.817.155, F.S.
	h_l_Propagation	02/17/2022
	quired Signature/Incorporator	Date
100	4 0.9	