

P22000075084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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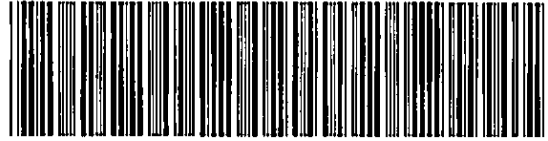
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

PASSMORE PAINTS INC

SUBJECT: _____
(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: _____
Name (Printed or typed)

2206 UNIVERSITY BLVD W

Address

JACKSONVILLE FL 32217

City, State & Zip

904-442-0058

Daytime Telephone number

Passmorepaintsinc@gmail.com

E-mail address: (to be used for future annual report notification)

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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: PASSMORE PAINTS INC

ARTICLE II PRINCIPAL OFFICE

<p>Principal street address</p> <p><u>2206 UNIVERSITY BLVD W</u></p> <p><u>JACKSONVILLE FL 32217</u></p>	<p>Mailing address, if different is:</p> <p>_____</p> <p>_____</p>
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ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

<p>Name and Title: <u>ALFRED SEBASTIAN PASSMORE, PRES</u></p> <p>Address: <u>2206 UNIVERSITY BLVD W</u></p> <p><u>JACKSONVILLE FL 32217</u></p>	<p>Name and Title: _____</p> <p>Address: _____</p>
<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>
<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>

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TALLAHASSEE, FL 32399

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: ALFRED SEBASTIAN PASSMORE

Address: 2206 UNIVERSITY BLVD W

JACKSONVILLE FL 32217

ARTICLE VII INCORPORATOR

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

Name: ALFRED SEBASTIAN PASSMORE

Address: 2206 UNIVERSITY BLVD W

JACKSONVILLE FL 32217

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/08/2022. (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

Alfred Passmore

Required Signature/Registered Agent

9/8/2022

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.

Alfred Passmore

Required Signature/Incorporator

9/8/2022

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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