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09/04/97--01002--005
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Davidson Painting Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
97 SEP-3 PM 3:56
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Corporate Filing

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SEP 3

BSB

Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: DAVIDSON Painting, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: PROFESSIONAL BUSINESS SOLUTIONS, Inc
Name (printed or typed)

P.O. Box 50364
Address

JACKSONVILLE Beach, FL 32240-0364
City, State & Zip

904-247-8321
Daytime Telephone number

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

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DAVIDSON PAINTING, INC. STATE
JACKSONVILLE, FLORIDA

ARTICLES OF INCORPORATION

Davidson Painting, Inc.

The undersigned, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of the corporation is:
DAVIDSON PAINTING, INC.

ARTICLE II - Principal Office

The address of the principal office of the Corporation is 1202 North 15th Avenue, Jacksonville Beach, Florida 32250. The mailing address of the Corporation is 1202 North 15th Avenue, Jacksonville Beach, Florida 32250.

ARTICLE III - SHARES

The maximum number of shares of stock which this Corporation is authorized to have outstanding at any one time is five hundred (500) shares of common stock having a par value of \$ 1.00 per share.

ARTICLE IV - Initial Registered Agent and Street Address

The street address of the Corporation's initial registered office is 1125 13th Avenue North, Jacksonville Beach, Florida, 32250. The name of this Corporation's initial registered agent is Michealyn C. Adams.

ARTICLE V - Incorporator

The name of the incorporator of this Corporation is Professional Business Solutions, Inc. The address of the incorporator of this Corporation is P. O. Box 50364 Jacksonville Beach, Florida, 32240-0364.

The undersigned incorporator has executed these Articles of Incorporation this 29th day of August, 19 97.

Professional Business Solutions, Inc.

Michael C. Adams President
Signature Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Davidson Painting, Inc.

2. The name and address of the registered agent and office is:

Michealyn C. Adams

1125 13th Avenue North

Jacksonville Beach, Florida 32250-3636

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Michealyn C. Adams
(Signature)

8/29/97
(Date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314