

P97000089984

TRANSMITTAL LETTER

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

400002318764--0
-10/13/97--01086--001
****131.25 ****131.25

SUBJECT: FOUR SEASONS PAINTING OF FLORIDA 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

ADDITIONAL COPY REQUIRED

FROM: Anthony J. Magone
Name (Printed or Typed)

105 ANCHOR DR
Address

Ponce Inlet FL 32127
City, State & Zip

(904) 756-8341
Daytime Telephone number

Anthony Magone
AUTHORIZATION BY PHONE TO
CORRECT 3/11/97
DATE 10/20/97
DOC. EXAM gf

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

97 OCT 20 PM 2:19

STATE
DIVISIONS

gf 10/20/97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FOUR SEASONS PAINTING OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

105 ANCHOR DR, PONCE INLET FL. 32127

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: ANTHONY J. MAGONE

105 ANCHOR DR Ponce Inlet FL. 32127

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ANTHONY J. MAGONE
105 ANCHOR DR
PONCE INLET FL 32127
Anthony J. Magone
Signature/Incorporator

10-7-97

Date

(An additional article must be added if an effective date is requested.)

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

Anthony J. Magone
Signature/Registered Agent

10-7-97

Date