

P98000052588

A B F & SON PAINTING
4450 SW TABOR STREET
PORT ST. LUCIE, FL 34953

City/State/Zip

Phone #

Office Use Only

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

EFFECTIVE DATE
7-1-98

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

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input 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

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

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****125.00 ****125.00

FILED
98 JUN 11 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W98-9386

Examiner's Initials

W 6/12/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 28, 1998

ABF & SON PAINTING
4450 SW TABOR STREET
PORT ST. LUCIE, FL 34953

SUBJECT: ABF & SON PAINTING, INC.
Ref. Number: W98000009386

We have received your document for ABF & SON PAINTING, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

You must list the corporation's principal office and/or a mailing address in the document.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 198A00022814

EFFECTIVE DATE:

7-1-98

FILED

AMENDED
CERTIFICATE OF INCORPORATION
OF
ABF & SON PAINTING, INC.

98 JUN 11 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

ARTICLE I
IDENTIFICATION

The name of the Corporation, hereinafter referred to as the "Corporation" is ABF & SON PAINTING, INC.

ARTICLE II
PERIOD OF EXISTENCE

The period during which the corporation shall continue is perpetual.

ARTICLE III
PRINCIPAL OFFICE AND REGISTERED AGENT

The address of the initial principal address of the Corporation is:

4450 SW Tabor St.
Pt St Lucie, Fl 34953
(561) 336-3926

The name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served is:

Mary K. Schneider
4450 SW Tabor St.
Pt. St. Lucie, Fl 34953.

ARTICLE IV
PURPOSE

The purpose of the Corporation is to engage in any or all lawful business for which a corporation may be organized under the provision of Florida law.

ARTICLE V
SHARES

The total authorized capital stock of the Corporation is One Thousand (1000) shares having

a Par Value of One Dollar (\$1.00). All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

ARTICLE VI INCORPORATOR'S ADDRESS

The name and post office address of the Incorporator of the Corporation is as follows:

Timothy A. Schneider
4450 SW Tabor St.
Pt. St. Lucie, Fl 34953

ARTICLE VII DIRECTORS

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the names and mailing address of the persons who are to serve as directors until the first meeting of stockholders or until their successors are elected are as follows:


Timothy A. Schneider, 4450 SW Tabor St., Pt. St. Lucie, Fl 34953
Mary K. Schneider, 4450 SW Tabor St., Pt. St. Lucie, Fl 34953

ARTICLE VIII INDEMNITY

Directors of the Corporation shall not be liable to either the Corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) omissions not in good faith or which involve intentional misconduct or a knowing violation of the law; (3) liability for unlawful disbursements of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director received an improper benefit.


The effective date of this Certificate of Incorporation shall be July 1, 1998.

IN WITNESS WHEREOF, the undersigned Incorporator has caused the Certificate of Incorporation to be executed as of June 4, 1998.


Incorporator

ACKNOWLEDGMENT OF REGISTERED AGENT

I, Mary K. Schneider, by my signature hereby acknowledge that I am familiar with and accept the duties and responsibilities of the Registered Agent of the above corporation.


Mary K. Schneider

FILED

98 JUN 11 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA