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Department of State Division of Corporations 5050 West Tennessee St Tallahassee, FL 32399

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SUBJECT:	S D C PAINTING ,	INC	
	Proposed corporate name	-must include suffix)	•
Enclosed is an origin	nal and one (1) copy of the artic	les of incorporation and a	check for:
🛚 \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	S D C PAINTING , I	NC	
FROM:	Name (Printer		
	1828 HAWAII DR. E.		FILED 02 JUL 31 PM 2: 15 SECRETARY OF STATE TALLAHASSEE FLORIDI
	Address		经产工
	JACKSONVILLE, FL 32246		
	City, State	F 27 2:	
	TATE JRIDA		

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

Daytime Telephone number

Articles of Incorporation

FILED 02 JUL 31 PH 2: 15

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

ART	TCLE .	I NAME

The name of the corporation shall be:

S D C PAINTING, INC

ARTICLE II PRINCIPLE OFFICE

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

1828 HAWAII DR E, JACKSONVILLE, FL 32246

ARTICLE III SHARES

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

500

ARTICE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name & Florida street address of this of the initial registered agent are:

SCOTT CRYGIER 1828 HAWAII DR E, JACKSONVILLE, FL 32246

ARTICLE V INCORPORATOR

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

SCOTT CRYGIER 1828 HAWAII DR E, JACKSONVILLE, FL 32246

Author Caggie 7-26-02

Signature/Incorporator 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.

Signature/Registered Agent

Date