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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W04-2958

Office Use Only



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01/13/04--01050--005 \*\*78.75

FILED  
04 FEB - 8 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/12/04  
T.B.

TRANSMITTAL LETTER

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

SUBJECT: PAINTERS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (2) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: MIKE + CHAR BRISENO  
Name (Printed or typed)

Box 371  
Address

INTERLACHEN, FL. 32148  
City, State & Zip

cell. 352-256-4544 (Char)  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 23, 2004

MIKE & CHAR BRISENO  
BOX 371  
INTERLACHEN, FL 32148

SUBJECT: PAINTERS, INC.  
Ref. Number: W04000002958

We have received your document for PAINTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please remove one of the names in article VI, you can only have one registered agent.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 704A00004202

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Original

**ARTICLE I NAME**

The name of the corporation shall be:

C+M PAINTERS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. BOX 371  
INTERLACHEN, FL. 32148

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS  
C+M PAINTERS, INC.

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MIKE BRISENO PRES + DIRECTOR  
CHAR BRISENO V. PRES. + DIRECTOR  
MIKEY BRISENO SECRETARY + DIRECTOR

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MIKE BRISENO  
110 TROPIC AVE  
INTERLACHON, FL. 32148

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MIKE + CHAR BRISENO  
BOX 371  
INTERLACHEN, FL. 32148

\*\*\*\*\*  
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

Mike Briseno  
Signature/Registered Agent

2/4/04  
Date

Char Briseno  
Signature/Incorporator

2/4/04  
Date

FILED  
04 FEB -6 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA