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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Submoss Entity Numb) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| · | | | | | |
| Special Instructions to Filing Officer | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | MERICAN PA | INTING CA | upe-tay, | I~c, | | |
|---|---------------------|--|--|------|--|--|
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | | |
| S70.00 Filing Fee | | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | Certified Copy & Certificate of Status | | | |
| FROM: | RAYMOND Name | De Stoppe, (Printed or typed) | laire | | | |
| 1345 Vesper Drive | | | | | | |
| | Fort Myeas City, | | 3901 | | | |
| 239 437 1893 | | | | | | |

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

Daytime Telephone number

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|--|---|
| ARTICLE I NAME | |
| The name of the corporation shall be: | 1 |
| AMERICAN PAINTING & CAR | pentry, INC. |
| ARTICLE II PRINCIPAL OFFICE | ŭ |
| The principal place of business/mailing address is: | |
| 1345 Vespen Drive | |
| Fort Myens, Fl. 3390 | n / |
| | |
| The purpose for which the corporation is organized is: | |
| The purpose for which the corporation is organized is: Prof. + PA, + Bosiness ARTICLE IV SHARES | "Professional, |
| ARTICLE IV SHARES | COLDONAtion |
| The number of shares of stock is: 200 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | and love to t |
| RAYMOND De stoppelaire Dir | rector/president |
| 1345 Vespen Prive | |
| Fort Myens, Fl. 33901 | |
| ARTICLE VI REGISTERED AGENT | O SE |
| The name and Florida street address (P.O. Box NOT acceptable) of the register | ered agent is: |
| RAYMOND De StannelAire | ered agent is: FILL FILL ARY O |
| RAYMOND De Stoppelaine 1345 verpen Drive | 19 SEE 11 |
| Total Musical Colored | PH OF S |
| ARTICLE VII INCORPORATOR | 100 D |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | RATIO 5 |
| a Avenord De Clanelaire | A M |
| 1245 Vender Drive | |
| RAYMOND DE STOPPELAIRE 1345 VERPER DINE FORT MYENS F1 33901 | |
| *************************************** | ******** |
| Having been named as registered agent to accept service of process for the above stated corp certificate, I am familial with and accept the appointment as registered agent and agree to act | oration at the place designated in this in this capacity |
| 15K Westoppaine | 1/17/07 |
| Signature/Registered Agent | Date |
| Bl Jost In-e | 1/17/07 |
| Signature/Incorporator | Date |

ARTICLES OF INCORPORATION