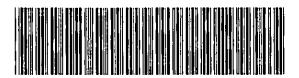
N170000 10135

(Re	questor's Name)			
	·			
(Ad	dress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	±#)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
Special instructions to	Timing Officer.			
L				
Office Use Only				



700304084247

10/06/17--01008 - 002 **78.75

17 OCT - 6 PM 4: 11

N. SAMS

OCT 09 2017

COVER LETTER

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

SUBJECT: PAINTED, I	NCORPORATED		
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Art	ticles 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
FROM:	Pamela G. Burns	me (Printed or typed)	
	13297 86th Rd N.	Address	-

West Palm Beach, FL 33412

aquaholic1959@yahoo.com

561-236-4690

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

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: ARTICLE II PRINCIPAL OFFI		
Principal street add	dress: Mailing addre	ess, if different is:
County, Florida whose exposure to a	community outreach, specifically to the clarification is organized is: art is restricted due to limitations such as income & other reses, including, for such purposes, the making of distributions to	ources. The corporation is organ
organizations under section 501(c)(3	3) of the Internal Revenue Code, or the corresponding section	n of any future federal tax code.
part of the net earnings of the corpor	ration shall inure to the benefit of, or be distributable to its m	nembers, trustees, officers or othe
private persons, except that the corp	oration shall be authorized & empowered to pay reasonable	compensation for services render
		· · · · · · · · · · · · · · · · · · ·
	ECTION The manner in which the directors are elected and	Officers' vote
ARTICLE IV MANNER OF ELI ARTICLE V INITIAL OFFICE Name and Title:		appointed:
ARTICLE V INITIAL OFFICE Name and Title: Name and Title:	ECTION The manner in which the directors are elected and RS AND/OR DIRECTORS Name and Title:	appointed: Officers' vote

Name and Title:		Name and Title:	
Address		Address:	
Name and Title		Nome and Titles	
Name and True:_		Name and Title:	
Address		Address:	
_			
	REGISTERED AGENT prida street address (P.O. Box NOT acco	entable) of the registered agent is:	'
Name:	Pamela G. Burns		1
Address:	13297 86th Rd N		>
	West Palm Beach, FL 3	3412	170 71
			124
	INCORPORATOR dress of the Incorporator is:	;	· · · · · · · · · · · · · · · · · · ·
	Pamela G. Burns	:	
Name:			PH 4:1
Address;	13297 86th Rd N		-
	West Palm Beach, FL 3	33412	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: nate is listed, the date must be specific a	. (OPTIONAL) nd cannot be more than five business days prior o	r 90 business days
	inserted in this block does not meet the a ive date on the Department of State's rec	applicable statutory filing requirements, this date will cords.	not be listed as the
		e of process for the above stated corporation at the pass registered agent and agree to act in this capacity	place designated in this
Required Signature of Registered Agent		10	Date
	Required Signature of Registered	d Agent I	Date
	ment and affirm that the facts stated her t of State constitutes a third degree felony	rein are true. I am aware that any false information s c as provided for in s.817.155, F.S.	ubmitted in a document
		1 .	0/2/17
	Required Signature of Inco	rporator	Date