POSONO POT

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

SUBJECT: The Coloff (Proposed corpor	L FLORE, Include suff	JQ ,			
	20	0003081 -12/28/391 *****87.50			
Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	Ē.		
FROM: From P. Wallas Name (Printed or typed)					
2302 Maplewood Ifive					
W. Palm Beach, City, 5	FL. 3345 State & Zip		SECRETARY COLORS		
561 - 616-5022 Daytime Te	elephone number	and 1	PH 4: 37		

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

CEC/14/10

ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I	<u>NAME</u>			
The name of the	corporation shall be:		-	
· The	Colopful	FLORST	INC.	•

99 DEC 27 PM 4: 37

	2 4 070 47	OFFICE
ARTICLE <u>II</u>	PRINCIPAL	OFFICE

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

J302 MAPLEWOOD DRIVE W. PALM BEACH, FL. 334N

ARTICLE III SHARES

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMES P. WALLAS 2302 MAPLEWOOD DRIVE W. PALM BEACH, Pl. 33415

ARTICLE V INCORPORATOR

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

JAMES P. WAILAS 2302 Maplewood De,ve W. Palm Beach, FL

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Signature/Incorporator

(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