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00 FEB 28 AM 9: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	LACY PA	tinting	Incorporat rate name - must include	red	
Enclosed is an origin			of incorporation and		
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Si	tatus	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Name (Printed or typed) Z521 Winsfor AVE Address Orlando FL. 32810 City, State & Zip				
· -	<u>407-</u> 3	City, State & Zip 407- 523- 8659 Daytime Telephone number			

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

7H3/1/2000

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.

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ARTICLE I NAME

The name of the corporation shall be:

TALLAHASSEE, FLORIDA

LACY Painting Incorporated

ARTICLE II PRINCIPAL OFFICE

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

2521 Winston AUE Orlando FL. 32810

ARTICLE III SHARES

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

100 shares at 1.00 per share disa Louise LACY 100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LISA LOUISE LACY. 2521 WINSTON AUSE OHAMOS FL. 32810

ARTICLE V INCORPORATOR

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

LISA Louise CACAY 2521 Winsten AUX OFLANDO FL. 32810

Signature/Incorporator

Feb 25 2,000

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/Registerfol Agent Date

| Signature/Registerfol Agent | Date
| Signature | Registerfol Agent | Date
| Signature | Date | Date

AGENAMILES JEFFERSON
MY COMMISSION # SC 716151
EXPIRES: February 10, 2002
Bonded Thru Notary Public Underwriters