

PO0000023840

TRANSMITTAL LETTER

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

SUBJECT: R.C. SCROGIN'S Paint Company  
(Proposed corporate name - must include suffix)

600003162486--3  
-03/08/00--01069--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) 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: JEANNETTA M. SCROGIN'S  
Name (Printed or typed)

3621 GRANT OWENS Rd.  
Address

Jacksonville FL 32216  
City, State & Zip

904 645 0840  
Daytime Telephone number

RECEIVED

00 MAR -8 PM 12: 04

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR -8 PM 12: 03

APPROVED  
AND  
FILED

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

T. SMITH MAR 08 2000

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

R.C. SCROGINS PAINT COMPANY

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3621 GRANT OWENS ROAD  
JACKSONVILLE, FL 32216

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSLATE BUSINESS IN  
THE STATE OF FLORIDA.

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): JEANNETTA M. SCROGINS  
3621 GRANT OWENS RD.  
JACKSONVILLE, FL 32216  
PRESIDENT

ROBERT C. SCROGINS  
3621 GRANT OWENS RD.  
JACKSONVILLE, FL 32216  
VICE-PRESIDENT

### ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

JEANNETTA M. SCROGINS  
3621 GRANT OWENS RD.  
JACKSONVILLE, FL 32216

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

JEANNETTA M. SCROGINS  
3621 GRANT OWENS RD.  
JACKSONVILLE, FL 32216

\*\*\*\*\*  
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.

Jeannetta M. Scrogins  
Signature/Registered Agent

Jeannetta M. Scrogins  
Signature/Incorporator

3-8-00

Date

3-8-00

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR -8 PM 12:03

APPROVED  
AND  
FILED