P000032103

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

SUBJECT: S.C.T	Specialty Coatings Inc. sed corporate name - must include suffix)	
400031681345, -03/14/0001020004 ******87.50 ******87.50 Enclosed is an original and one (1) copy of the articles of incorporation and a check for:		
☐ \$70.00 ☐ \$78.75 Filing Fee & Certificate of State	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Sabina Johnson Name (Printed or typed)		
123 a Ro Apopka (407) 92	Address PL 32712 PL 32712 City, State & Zip Al-4444 Aytime Telephone number Address PL 32712 Address A	

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

WOO # # 199



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 21, 2000

SABINA JOHNSON 1232 ROCK SPRINGS RD., #14 APOPKA, FL 32712

SUBJECT: SPECIALTY COATINGS, INC.

Ref. Number: W0000007499

We have received your document for SPECIALTY COATINGS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Bylaws are not filed with this office. Please retain them for your records.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown Corporate Specialist

Letter Number: 900A00015470

3/27/00

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

Attn:

Ms. Teresa Brown

Re:

Incorporation - Ltr #900A00015470

Ref Number - W00000007499

Dear Teresa,

I am enclosing Documents as requested, I would like the Incorporation name to read:

S.C.I.-Specialty Coatings, Inc.

or

SCI /Specialty Coatings, Inc.

All your help is appreciated, I look forward to hearing back from you.

Juliuk

4513 Ponkan Road Apopka, FL 32712 407 921-4444

Fax 407-647-1589

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ADTICLES OF DICOPPOR	apter 621, F.S. (Profit) $ \begin{array}{c} 00 \\ 7A \downarrow 1A \\ AHASSE GS 14 \end{array} $
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Ch	apter 621, F.S. (Profit) ASEC, AMIO: 23 S.C.ISpecialty Coatings, Inc. FLORIDA
in compliance with chapter 607 and/of Cir	apier 621, F.S. (Pront)
ARTICLE I NAME	7/45SK-UF 23
The name of the corporation shall be:	S.C.ISpecialty Coatings, Inc. FLORIDA
	300
ADTICLE II DDWGDAY O	
ARTICLE II PRINCIPAL OF The principal place of business/mailing address	FFICE PROSE IN 1232 Park Springs Del 1411/
The principal place of business/marining addi	ress is: 1232 Rock Springs Rd #14 Apopka, Fl. 327121
	· 100 ptd F1. 52/10
ARTICLE III PURPOSE	
ARTICLE III PURPOSE The purpose for which the corporation is or	rganized is: Establish a new Coeporation
1 1	Samuel III. Explosion of Medical College
ADTICLE IV CLAPDO	
ARTICLE IV SHARES The number of shares of stock is:	0
Alberton of Simulation of Stock In.	
ADTICLE II	
	CERS/DIRECTORS C. Johnson
· · · · · · · · · · · · · · · · · · ·	onkan Rd
Apopke	a, F1 3a712
ARTICLE VI REGISTERED	AGENT
The name and Florida street address regis	stered agent are: Sabina C. Johnson
	4513 Ponkan Rd
	Apopka, A 32712
ARTICLE VII INCORPORATO	
The <u>name and address</u> of the Incorporator a	
	4513 Ponkan Rd Hoonka, A 32712
***************	Hoopka, FI 32712
Having been named as registered agent and to accept	of service of process for the above stated corporation at the place designated in
inis certificate, I nereby accept the appointment as re	registered agent and agree to act in this capacity. I further agree to comply with und complete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.	and complete performance of my auties, and I am familiar with and accept the
Haluxdusar	3-10-00
Signature Registered Agent	Date
Mulu & Jusu	3-10-00
Signature/Incorporator	