

P00000033734

TRANSMITTAL LETTER

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

100003093321--1
-01/10/00-01095-011
131.25 **87.50

SUBJECT: Brushstrokes, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Reynolds & Associates, CPAs, P.A.
Name (printed or typed)
4501 N. Tamiami Trail, Suite 212
Address
Naples, Florida 34103
City, State & Zip
(941) 435-1050
Daytime Telephone number

FILED
00 JAN 10 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch APR 4 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 1, 2000

REYNOLDS & ASSOCIATES, CPAS, P.A.
4501 N. TAMiami TRAIL STE 212
NAPLES, FL 34103

SUBJECT: BRUSHSTROKES, INC.
Ref. Number: W00000001309

PLEASE DATE

RETRO ACTIVE

To

1/6/00

We have received your document for BRUSHSTROKES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

An officer or the incorporator of the corporation must sign the affidavit stating that they have no intention of reinstating their corporation, the registered agent cannot sign the affidavit.

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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 900A00011189

FILED
00 JAN 10 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3\11\00

This is a letter of agreement declaring that I,
David Pollard am releasing the name of our former
company, "Brush Strokes" to Marcy Podolan for her
use.

Signature David Pollard date 3-28-00

Witness Karen J. Yarbrough date 3-28-00
NOTARY

NOTARY PUBLIC - STATE OF FLORIDA
KAREN J. YARBROUGH
COMMISSION # CC601835
EXPIRES 11-17-2000
BONDED THRU ASA 1-888-NOTARY1

I have no intention reinstating the dissolved corporation Brush Strokes Inc
charter number P98000013212.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Brushstrokes, Inc.

ARTICLE II PRINCIPAL OFFICE

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

384 11th Avenue S.
Naples, Florida 34102

ARTICLE III SHARES

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

1.000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marcy Ross Podolan
384 11th Avenue S.
Naples, Florida 34102

00 JAN 10 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Marcy Ross Podolan
384 11th Avenue S.
Naples, Florida 34102

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of January, 19 2000.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Brushstrokes, Inc.

2. The name and address of the registered agent and office is:

Marcy Ross Podolan

(NAME)

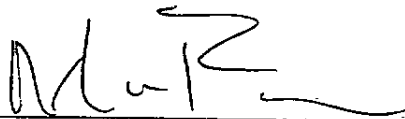
384 11th Avenue S.

(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Naples, FL 34102

(CITY/STATE/ZIP)

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)

1/6/00

(DATE)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA