

**P0100040215**

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)  
**3320 S.W. 87 AVENUE**

(Address)  
**MIAMI, FLORIDA (305)552-5973**  
 (City, State, Zip) (Phone #)

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

**600004035326--4**  
 -04/20/01--01020--024  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. TM COATINGS, INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**RECEIVED**  
 01 APR 19 PM 5:45  
 DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

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 01 APR 20 PM 12:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Examiner's Initials

## 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:

TM COATINGS, INC.

### ARTICLE II - PRINCIPLE OFFICE

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

10916 N.W. 40th Street  
Sunrise, FL 33351

### ARTICLE III - SHARES

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

1000 shares at \$.01 par value

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anthony W. Moody  
10916 N.W. 40th Street  
Sunrise, FL 33351

### ARTICLE V - INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

Anthony W. Moody  
10916 N.W. 40th Street  
Sunrise, FL 33351

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TALLAHASSEE FLORIDA

The undersigned incorporator has executed these Articles of Incorporation this 12 day of April, 2001.

  
Signature

ARTICLE VI - DIRECTOR(S)

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

Anthony W. Moody (P)(S)  
10916 N.W. 40th Street  
Sunrise, FL 33351

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED  
OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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