1000083841 TRANSMITTAL LETTER

OI AUG 22 AM 8:31

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

> 700004548657--1 -08/22/01--01045--008 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: FLORIDA SPECIALTY PAINTING, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	AARON Name (	Printed or typed)	
_	P.O. BOX	700 ddress	55
_	ST. ÂUGU ST I	NE FL Clate & Zip	32085
-	(904)501 Daytime Tel	6004 ephone number	

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

or All Articles (1997)	
ARTICLES OF INCORPORATION	78
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	01.
ARTICLE I NAME The name of the corporation shall be:	01 AUG 22 AM 8:31
FLORIDA SPECIALTY PAINTING, INC.	1.6584.95 6.31
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  P.O. BOX 700 ST. ALICUST 15	
P.O. BOX 700 ST. AUGUSTINE, FL	32085
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  INTERIOR, EXTERIOR, RESIDENTIAL AND CA	OMMERCIAI OAINITINI
ARTICLE IV SHARES The number of shares of stock is:	The state of the s
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	·
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  AARON RIGGS	
720 ZND ST NORTH # 1	
JACKSON VILLE BEACH, FL 32250  ARTICLE VII INCORPORATOR  The name and add a first fi	
The <u>name and address</u> of the Incorporator is:  AARON RIGGS 720 2ND 87 NORTH # 1	
JACKSONVILLE BEACH, FL 32250	-
**************************************	
Signature/Registered Agent	<u>8-/9-0/</u> Date
hielast)	Date

Signature/Incorporator