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TRANSMITTAL LETTER

01 SEP -4 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: DOUG GILMORE SPRAY TEXTURE, INC.

(Proposed corporate name - must include suffix)

000004567780--4

-09/04/01--01090--001

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee &  
Certificate

FROM: DOUG GILMORE

Name (printed or typed)

10534 MOON LAKE RD.

Address

NEW PORT RICHEY, FL 34654

City, State & Zip

727-856-5576

Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

4 pay  
9/10/01

ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

DOUG GILMORE SPRAY TEXTURE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10534 MOON LAKE RD.  
NEW PORT RICHEY, FL 34680

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOUG GILMORE  
10534 MOON LAKE RD.  
NEW PORT RICHEY, FL 34654

ARTICLE V INCORPORATOR(S)

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

DOUG GILMORE  
10534 MOON LAKE RD.  
NEW PORT RICHEY, FL 34654

ARTICLE VI INITIAL OFFICER(S) & DIRECTOR(S)

The name(s) and street address(es) of the initial officers and directors is(are):

DOUG GILMORE DIR/PRES./V.PRES./SEC./TREAS  
10534 MOON LAKE RD.  
NEW PORT RICHEY, FL 34654

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

30 TH day of AUG, 2001.

Douglas M. Gilmore  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: DOUG GILMORE SPRAY TEXTURE, INC.

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

DOUG GILMORE

(Name)

10534 MOON LAKE RD.

(P.O. Box not acceptable)

NEW PORT RICHEY, FL 34654

(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.

Douglas M. Gilmore  
Signature

8/30/01  
Date