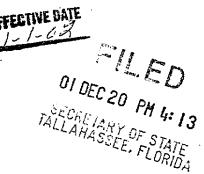
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Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 323	314			
SUBJECT:	Tom Dair F	aioting,	Toc.	<u> </u>
		91	000047337 -12/20/0101 *****78.75	738——3 023—006 *****78.75
Enclosed is an origin	nal and one(1) copy of the articles	of incorporation and 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:	Tom Nair Pe	inted or typed)	<u>. </u>	<u>-</u> •
	435 S. RIDGEWOOD AVE	#210 ddress	ar sa a característicos de la característico	
	DAYTONA BEACH, FLOR: City, S	IDA 32114 State & Zip	. 	
	<u>(904) 255-5454</u>			

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

HECTIVE DATE	
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	ORIDA

ADTICITE	r	NAME
ARTICLE	1	NAME

The name of the corporation shall be:

Tom Wair Painting, Inc.

ARTICLE II PRINCIPAL OFFICE

Signature/Incorporator

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

435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FLORIDA 32114

ARTICLE III SHARES

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

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Thomas J. Dair Dr., #2507
ARTICLE V INCORPORATOR
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Thomas J. Dair 1010 N. Swallowtail Dr., #2507
Port Orange, F1. 32129

(An additional article must be added if an effective date is requested.)

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/Registered/Agent

Date

Date