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MITCHELL INCOME TAX SERVICES
6248 HIALEAH ST
Orlando Florida 32808
(407)523-8942

December 24, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

000004745580--3
-12/31/01--01084--021
*****150.00 *****78.75

Dear Sir Or Madam:

Please Mail the following Incorporations. To Barbra Mitchell at 6248 Hialeah Street
Orlando Fl 32808. I have enclosed a check for \$150.00 to record article of Incorporation.

If you have any questions or concerns regarding this matter please contact me at (407) 523-8942.

Sincerely,

Barbra Mitchell

FILED
02 JAN -2 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Barbra

DAVE

AUTHORIZATION BY PHONE TO

CORRECT art III + V

DATE 1-3-01

DOC. EXAM BR

file 1-2-02 per Barbra

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.

ARTICLE I NAME

The name of the corporation shall be:

Kendrick Painting And Pressure Washing Inc.

ARTICLE II PRINCIPAL OFFICE

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

1808 Lake Lorine Dr
Orlando Florida 32808

ARTICLE III SHARES

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

one

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent:

BARBRA A MITCHELL
6248 HIALEAH STREET
ORLANDO FL 32808

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

X Anthony L. Kendrick
Signature of Incorporator

12-11-01
Date

1808 Lake Lorine Dr
Orlando Florida 32808

(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.

Barbra A Mitchell
Signature /Registered Agent

12-11-01
Date

02 JAN -2 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED