TRANSMITTAL LETTER

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FILED
02 FEB -8 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400004896084--9
-02/08/02--01031--006
*****78.75 *****78.75

SUBJECT: Oscar's Painting Service Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original 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

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Oscar D. Zorn
Name (Printed or typed)

666 8th Street Apt. B
Address

Apalachicola, FL 32320
City, State & Zip

(850) 653-9854
Daytime Telephone number

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

DB 2/13

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I *NAME*

The name of the corporation shall be:

Oscar's Painting Service, Inc.

ARTICLE II *PRINCIPAL OFFICE*

The principal place of business/mailing address is:

66 - 8th Street, Apt. B
Apalachicola, FL 32320

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

Sub-Contractor

ARTICLE IV *SHARES*

The number of shares of stock is:

1000

ARTICLE V *INITIAL OFFICERS/DIRECTORS*

The name(s) and address(es):

Oscar D. Zorn (President)
66 - 8th St., Apt. B.
Apalachicola, FL 32320

Barbara Martenes (Sec.)
66 - 8th St., Apt. B.
Apalachicola, FL 32320

ARTICLE VI *REGISTERED AGENT*

The name and Florida street address registered agent are:

Oscar D. Zorn
66 - 8th Street, Apartment B
Apalachicola, FL 32320

ARTICLE VII *INCORPORATOR*

The name and address of the Incorporator are:

Oscar D. Zorn
66 - 8th Street, Apt. B
Apalachicola, FL 32320

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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.

X Oscar D. Zorn
Signature/Registered Agent

X 02-7-002
Date

X Oscar D. Zorn
Signature/Incorporator

X 02-7-002
Date