## POZOOO18740

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

SUBJECT: TEN	PROPOSED CORPORAT	TE NAME – MUST INCL	UDE SUFFIX)	
		4	00004929 -02/14/02- ******70.00	56445 01049015 *****70.00
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	t check for :	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fce & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	DONNA SACCO			
	Name (Pr 5400 S. UNIVERSIT	inted or typed) Y DRIVE, #403	TAS	
DAVIE, FLORIDA 3		ddress 3328	LAHASSE	02 FEB
	(954) 680-4818	itate & Zip	E FLORIDA	
	Daytime re	lephone number	***	

B2-19-02

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

## Articles of Incorporation of T & M DECORATING, INC

02 FEB | 4 PM |: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I. NAME

The name of the Corporation shall be:

T & M DECORATING, INC.

ARTICLE II PRINCIPAL OFFICE

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

365 EAGLE DRIVE

JUPITER, FL 33477

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ANTHONY MARINO - P/VP/S/T DIRECTOR/OFFICER

ARTICLE IV <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address if the initial registered agent are:

ANTHONY MARINO 365 EAGLE DRIVE JUPITER, FL 33477

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.

Signature/Incorporator

Date

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

Having been named as registered agent and to accept services 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 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