# 02000027677

#### TRANSMITTAL LETTER

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

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SUBJECT:	PAINTED	DREAMS	TNC		
SCDSDCIO.					A ANTONIA PROCESS TO THE CALLETY AND
	(DD	ODOGED C	$\alpha \alpha \sigma \sigma \alpha$	ATT NAME _	MUST INCLUDE SUFFIX)
	IPK	OPUSED C	O $V$ $O$ $V$	WINDLINE -	171 OOT 111 CE COO CO

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

ADDITIONAL COPY REQUIRED

FROM: _	JAMES A HICKMAN 'Name (Printed or typed)  JA HICKMAN PUBLIC ACCOUNTING 220 GOVERNMENT STREET STE 1				
	Address				
	NICEVILE, FL 32578				
	City, State & Zip				
	850-729-8585				
-	Daytime Telephone number				

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

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:
PAINTED DREAMS INCORPORATED

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1109 45TH STREET NICEVILLE, FL 32578

#### <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

OPERATION OF A BUSINESS FOR PROFIT

#### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO PAR

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LEONARD L. MOULTON 1109 45TH STREET, NICEVILLE, FL

32578

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# ARTICLE VI REGISTERED AGENT

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

JAMES A. HICKMAN
JA HICKMAN PUBLIC ACCOUNTING
220 GOVERNMENT STREET STE1 NICEVILLE, FL 32578

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONARD L. MOULTON 1109 45TH STREET NICEVILLE, FL 32578

Signature/Incorporator

Date

Date