Pepartment of State Division of Corporations TRANSMITTAL LETTER Department of State Division of Corporations

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

500005234686--7 -04/10/02--01022--015 *****78.75 *****78.75

SUBJECT:	JBJECT: SMG PAINTING INCORPORATED			
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	d 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 DPY REQUIRED	`,
FROM:	SHAWN M. GOEGLEIN Name (Printed or typed)		
	6614 NW 26TH TERF	ddress	02 APR 10 PM 12: 10 SECRETARY OF STATE TALLAHASSEE FLORID	<u> </u>
	352-339-1103 Daytime Te	elephone number	TATE ORIOA	

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

94/17

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:

SMG PAINTING INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6614 NW 26TH TERR. GAINESVILLE, FL 32653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

SHAWN M. GOEGLEIN PRESIDENT 6614 NW 26TH TERR. GAINESVILLE, FL 32653

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

SHAWN M. GOEGLEIN 6614 NW 26TH TERR. GAINESVILLE, FL 32653

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SHAWN M. GOEGLEIN 6614 NW 26TH TERR. GAINESVILLE, FL 32653

Having been named as registered agent to accept-service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

4/8/02 Date

/ () / ()_c

Date

02 APR 10 PM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIC