

PO2000116932

Lois E. Davis
(Requestor's Name)

4782 Preston Johnson Rd.
(Address)

(Address)

Tall. Fl. 32310
(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

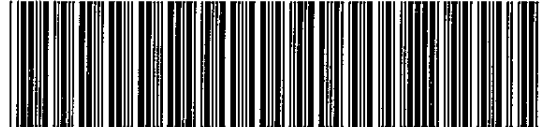
Professional Patch & Repair
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

FILED
2002 OCT 31 AM 10:17
FALL
TALLAHASSEE, FL 32304

cf 10/31/02

ARTICLES OF INCORPORATION

FILED

2002 OCT 31 AM 10:17

CLERK OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: PROFESSIONAL PATCH & REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

4782 PRESTON JOHNSON RD.
TALLAHASSEE, FL. 323010

ARTICLE III SHARES

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

200 SHARES PAR VALUE OF \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: R. J. MONTI, 743 RED FERN RD., TALLAHASSEE, FL. 32308

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LOIS E. DAVIS
4782 PRESTON JOHNSON RD.
TALLAHASSEE, FLORIDA 323010

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
31 day of October, 2002.

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

Lois E. Davis

Signature

Signature

Signature

Notarization is not required

Note: affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING

STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PROFESSIONAL PATCH & REPAIR, INC.

2. The name and address of the registered agent and office is:

(Name)

R. J. MONTI

(P.O.Box or Mail Drop Box **NOT** acceptable)

743 RED FERN RD.

(City/State/zip)

TALLAHASSEE, FLORIDA 32308

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.

R. J. Monti
(Signature)

10-31-02
(date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA