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(Re	equestor's Name)	
(Ad	ldress)	
(Ád	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/11/02--01037--009 **79.75

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

11/12/12

TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	T PAINTI TENAME-MUSTINCL	NG INC
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 PPY REQUIRED
FROM:	GREG ERA	(Printed or typed)	
	950 VENET	IAN PKWY Address	<u></u>
	VENICE, FO		
	(941) 485 - Daytime T	6830	

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

11/10/02 Date

11/10/02

Date

ARTICLES OF INCORPORATION	FIL	ED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	02 DEC	AM 9: 29
	SECRETAR' TALLAHASSI	OF STATE E. FLORIDA
GREG PAINTING CO. ERNST		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		•
950 VENETIAN PKWY. VENICE, F	2. 3429	2
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
PAINTING		
ARTICLE IV SHARES The number of shares of stock is:	**	-
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):		
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	÷	
GREG ERNST 950 VENETIAN PKWY,		
VENICE, FL. 34292 ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		•
GREG ERNST		
950 VENETIAN PKWY,		
VENICG, FL. 34292		
*****************	*****	*********
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree Signature/Registered Agent	ted corporation at the se to act in this capa 1///	city

Signature/Incorporator