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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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## TRANSMITTAL LETTER

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

SUBJECT:	PRO-COLOR	AUTS, LUC				
	(PRÓPOSED CORPORATE	NAME – MUST INCLUDI	E SUFFIX)			
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and 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			
	AVENTUR 3733 No. AVENTUR City, 305-9	State & Zip 32-6719	<del></del>			
Daytime Telephone number						

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

FILED

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

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ARTICLE I NAME

The name of the corporation shall be:

SECRETAR OU STATE TALLAHASSEE, FLORIDA

Vno-Cownants, luc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3733 N.E. 208 Sr.

AVENTUIA, E 33/80

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Proper Cost.

ARTICLE IV SHARES

The number of shares of stock is:

1000

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:

RONALD FREEMAN 3733 N.E. 208 ST AVENTURA, FL 3318E

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RONAIS FREEMIND 3733 N.E. 2084 ST AUEUNIA, R 33180

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

Date

3-4-03

Date

Signature/Incorporator

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