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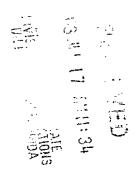
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Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE DIVISION OF CORE DAMIN: 38

my 7/17

TRANSMITTAL LETTER

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

SURJECT: Tasken Corporate name - must include suffix)				
Enclosed is an original ar Li \$70.00 Füling Fee	od one(1) copy of the artic \$78.75 Filing Fee & Certificate of Status	cles of incorporation and a c 21878.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy	

FROM: Bob Lyons
Namé (Printed or typed)

2901 W. Bank Blud #21005

Address

Days State & Zip

1-813-230-4208

Daystime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

The name of the corporation shall be: Josken Painting, Inc.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 17846 Lake Carlton Dr.

Suite #-D

Lutz, Fl. 33558

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE 1V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:

Robert Lyons

2901 W. Busch Blvd

Suite 1005

Tampa, FL. 33618

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:

David Ascanio

17846 Lake Carlton Dr.

Suite #D

Lutz, Fl. 33558

7-16-03

Signature/Incorporator

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

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 status 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

Signature/Registered Agent

Date

7-1603