# 03000/58332

(Red	questor's Name)	
(Add	dress)	, and <sup>1</sup> the .
	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	siness Entity Nar	ne)
(Dod	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	
	_	

Office Use Only



300025521793

12/18/03--01024--002 \*\*70.00

FILED

03 DEC 18 PM 1: 02

CEGNETARY OF STATE

ALLAHASSEE FIGURA

4~ 1~31

## FORM 2

## TRANSMITTAL LETTER FOR ARTICLES OF INCORPORATION

Return Name and Address Kristie He	enderson Painting INC				
2987 Sharon AUE					
Crestulen FL 32539					
12-16-103	Date Florida Department of State				
Division of Corporations Post Office Box 632	27 Tallahassee, FL 32314 Re:				
Articles of Incorporation Dear Sir: Enclosed please find an original and one copy					
of Articles of Incorporation along with total filing fees of \$70.00. Please file and					
provide a filed copy to me, together with any other information you commonly					
provide to new incorporators at the address above. Please contact me at the					
above address if you require anything further. My daytime telephone number is					
850-685-5521 W	ith kindest regards, I am Sincerely				
yours, Kristid Hendleran Signature	Enclosures Check # 2491				
Enclosed for \$					

## FORM 3

## **ORGANIZATIONAL MINUTES**

Instructions Name	of Corporation Name of Co	rporation	<u>P</u> ar l'alue	
can be zero or a dollar a	mount. This should be establis	hed in the articles o	of incorporation.	
Name Shareholders, num	ber of shares owned and consi	deration paid. Pay d	at least par value. All	
shares authorized in the .	Articles need not be issued at t	his time. N	ame and Address of	
Directors. The number of	f directors must be one or more	2.	If the incorporator is not	
	, resignation is usually made.		rticles filed	
Name Officers elected. Y	ou should have a President and	d a Secretary. The i	same person may hold	
more than one office.	Optional		Name of Corporation	
Name of Corporation	Name corporate bai	ik Name on	e or more persons to sign	
checks. If two signatures are required on all checks change "or" to "and". Obtain a resolution				
from your bank.		e of Corporation		
and Signature of Incorpo	rator, Directors and sharehold	lers. Add blanks if n	necessary	
Signature of Secretary or	Secretary of Corporation	Form 3: Minu	tes for Organizational	
Meeting MINUTES	OF JOINT ORGANIZA	TIONAL ACT	IONS TAKEN BY	
<del>-</del>	WRITTEN CONSENT			

#### FORM 1

### ARTICLES OF INCORPORATION

## ARTICLES OF INCORPORATION FLORIDA STOCK CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit), the undersigned would state:

#### ARTICLE I NAME

The name of the corporation shall be:

KRISTIE HENDERSON PAINTING INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: (include the street address of the initial principal office and, if different, the mailing address of the corporation)

2987 SHARON AVE CRESTVIEW, FL 32539

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING"

#### ARTICLE IV SHARES

The number (and classes, if any) of shares the corporation is authorized to issue is (are):

Number of shares authorized

Class(es)

Par Value

1000

\$0.01

The name(s) and address(es) of the initial officers and directors are: Directors Name Address 2987 SHARON AVE KRISTIE HENDERSON CRESTVIEW, FL 32539 Officers President: Name KRISTIE HENDERSON Secretary/Treasurer: Name DONNY L HENDERSON Vice-President: Name AMANDA L BOLTZ-SCHRAMM

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

KRISTIE HENDERSON 2987 SHARON AVE CRESTVIEW, FL 32539

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT SCHRAMM 113 TRENTON AVE CRESTVIEW, FL 32539

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 am familiar with and accept the appointment as registered

agent and agree to act in this capacity.

Signature/Registered Agent

<del>Liveria de la constanta de la</del>

Signature/Registered Agent

12-0-0

Date

03 DEC 18 PM 1: 02
SECRETARY OF STATE
TALL SHEET FROM