

P04000028968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

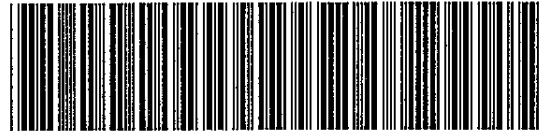
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]
2/13/04



300028141733

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FEB - 5 P 12: 24

FILED

02/06/04--01005--022 **87.50

TRANSMITTAL LETTER

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

SUBJECT: Color Pro's Painting of North Florida
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Raynaldo Colon
Name (Printed or typed)

10310 Allison Ave
Address

Hastings, FL 32145
City, State & Zip

386 328-8540
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
FOR
COLOR PRO'S PAINTING OF NORTH FLORIDA, INC.**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COLOR PRO'S PAINTING OF NORTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

PLACE OF BUSINESS:
10310 ALLISON AVE.
HASTINGS, FL 32145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV SHARES

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE.

ARTICLE V INITIAL DIRECTORS (optional)

The name(s), address(es) and title(s):

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

ARTICLE VI INITIAL OFFICERS (optional)

The name(s), address(es) and title(s):

RAYNALDO COLON
PRESIDENT
10310 ALLISON AVE.
HASTINGS, FL 32145

ISABEL COLON
VICE-PRESIDENT
10310 ALLISON AVE.
HASTINGS, FL 32145

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FEB -5 P 12:24

FILED

ARTICLE VII REGISTERED AGENT

The name and Florida street address of the registered agent is:

RAYNALDO COLON
PRESIDENT
10310 ALLISON AVE.
HASTINGS, FL 32145

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

RAYNALDO COLON
PRESIDENT
10310 ALLISON AVE.
HASTINGS, FL 32145

ARTICLE XI TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE X PREEMPTIVE RIGHTS

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 2/3 DAY OF 04 2004.


RAYNALDO COLON

STATE OF FLORIDA
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED RAYNALDO COLON, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 2 DAY OF Feb 2004, IN PALM COAST, COUNTY AND STATE AFORESAID.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

ARTICLE VII REGISTERED AGENT

The name and Florida street address of the registered agent is:

RAYNALDO COLON
PRESIDENT
10310 ALLISON AVE.
HASTINGS, FL 32145

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 23 DAY OF 04 2004.

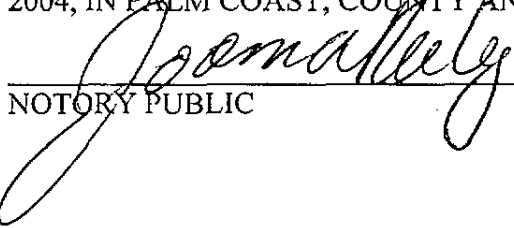


RAYNALDO COLON

STATE OF FLORIDA
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED RAYNALDO COLON, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 2 DAY OF Feb 2004, IN PALM COAST, COUNTY AND STATE AFORESAID.



NOTARY PUBLIC

MY COMMISSION EXPIRES:



Joanna Reoley
My Commission DD167490
Expires January 24, 2007

REGISTERED AGENT ACCEPTANCE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE R. Ch.
TITLE PRS.
DATE 2/2/04

FILED
2004 FEB - 5 P 12: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA