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(Requestor's Name)
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(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:
Kevin Chamblegave AUTHORIZATION BY PHONE TO CORRECT MCL VI DATE 2/16/04 DOC. EXAM TH

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### TRANSMITTAL LETTER

Departmer	nt of State
Division of	Corporations
P.O. Box 6	327
Tallahasse	e, Fl. 32314
SUBJECT:_	Kerlin Chamble E Custom Texturing Inc. (proposed corporate name)
	(proposed corporate name)
Enclosed is for \$	an original and one (1) copy of the articles of incorporation and our check
FROM:	Kevin Chamble E
1	Name (printed or typed)
	5702 Columbia DR.
	Address
	New Poet Richey 7/34652 City, State, & Zip
	City, State, & Zip
	(727)754-7804
	Telephone Number

Note: Please provide the original and one copy of the Articles.

#### Articles of Incorporation

Of

Kevin Chamblee Custom Texturing Inc.

The undersigned, herby files this document for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liabilities, rights, privileges and immunities of corporations for profit.

#### **Article I Name**

The name of the Corporation shall be: Kevin Chambles Custom Texturing Inc.

#### **Article II Principal Office**

The principal place of business and mailing address of this corporation shall

be: 5702 Columbia Dr. NewPort Richey, 74 34652

#### **Article III Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

#### Article IV

The initial Registered Agent and street address is:

Kevin Chambles 5702 Columbia DR New Port Richery 71

#### Article V Incorporator

The name and street address of the incorporator to these Articles of Incorporation is:

Kevin Chamble 5702 Columbia DR. New Port Richey 4 34653

#### Purpose of Incorporation

ANY ANDALLAWFUL BUSINESS

#### **Article VI**

The name and address of the Officer of this corporation, who shall hold office is:

Pres. Kevin Chamblee 5702 Columbia Dr. New Port Richey, Fl. 34652

The undersigned incorporator has	executed these Articles of Incorporat	tion this
	DAY OF JANUARY	2004
DIANA L. PLOURCE Notary Public, State of Florida idy comm. expires Sept. 10, 2004 inc. CC985633	STATE OF FLORIDA PASCO COUNTY OF The teregoing instrument was acknowledge Tand 22/04 by Kening who is paragnally known to me, or has prod Or Lice as paraglection a who did ident	tion Florida

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

he name and address	of the registered a	gent and o	office is:	
Kevin Cl	1Amble 8			
		(NAME)		
5702 Co	(P.O. BOX <u>NOT</u> A		BLE)	· · · · · · · · · · · · · · · · · · ·
New Port	Richay	71	34652	
<u></u>	(CITY/STATE/			······································

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 STATUTES 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 1-27-2004