

PO40000 32080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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7502/18/04

## TRANSMITTAL LETTER

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

SUBJECT: MURAL SCAPES, INC.  
(PROPOSED CORPORATE NAME - ~~MUST INCLUDE SUFFIX~~)

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

☐ \$70.00      \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: DONNA WILSON  
Name (Printed or typed)

3303 ABEL AVENUE  
Address

PACE, FL 32571-9560  
City, State & Zip

(850) 994-3165  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

MURAL SCAPES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3303 ABEL AVENUE  
PACE, FL 32571-9560

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO TRANSACT ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
7,500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

DONNA WILSON  
303 ABEL AVENUE  
PACE, FL 32571-9560

PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

DONNA WILSON  
303 ABEL AVENUE  
PACE, FL 32571-9560

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DONNA WILSON  
303 ABEL AVENUE  
PACE, FL 32571-9560

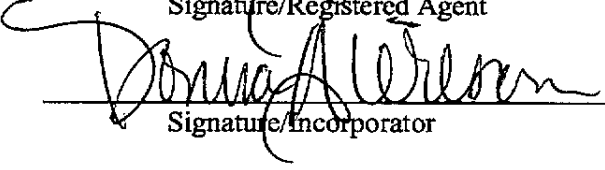
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DIVISION OF CORPORATIONS  
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

2-09-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-09-04  
\_\_\_\_\_  
Date