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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Sity/Gate/Ziph Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
,				
Special Instructions to Filing Officer:				

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SECRETARY OF SINTE

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TRANSMITTAL LETTER

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

SUBJECT:	Parisi Pai	nting Inc.			
	(PROPOSED CORPORA	ATÉ NAME – <u>MUST INCLI</u>	udesuffix)		
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PV REQUIRED		
FROM:	Parisi Painting Name (Printed or typed)				
	Sarasota FL 34235				
	City, State & Zip				
	Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Parisi Painting	FILED
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5011 Malag Sarasota Fil	2001 MAR -9 P 2: 21 19 ANDRETARY OF STATE 23TAY SHASSEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Commer	cial and Residentia
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Official?	
	orisi Nalaga Ave 50ta FL 34235
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Paul F Parisi	Jr.
**************************************	***************************** orporation at the place designated in this act in this capacity 3/3/04 Date
Signature/Incorporator	Date