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TRANSMITTAL LETTER

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

SUBJECT: Mid	Island Coatings Corp.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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 PPY REQUIRED	
FROM: D	onald Ekman			
	Name	(Printed or typed)		र किं र . र- .
	10 Chadwick Court	Address	 	
	Palm Coast, FL 32137	, State & Zip		
	386-445-3321	•		
	Daytime '	Telephone number		<i>2</i> -

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: Mid Island Coatings Corp.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10 Chadwick Court, Palm Coast, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Painting and decorating

ARTICLE IV SHARES

The number of shares of stock is: Ten (10)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Donald Ekman 10 Chadwick Court, Palm Coast, FL 32137

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Donald Ekman 10 Chadwick Court, Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald Ekman

10 Chadwick Court, Palm Coast, FL 32137

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Having been named as registered agent to accept pervice of process for the abo certificate, I am familiar with and accept the appointment as registered agent an	ove stated corporation at the place designated in this d agree to act in this capacity
////Share	April 8, 2004
Signature Registered Agent	Date
/ hull Show	April 8, 2004
Stonature/Incornecator	Date