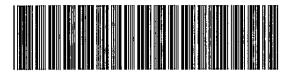
# Po40000 85653

(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:





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# TRANSMITTAL LETTER

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

SUBJECT:	int - Masters	Jac.		
	(PROPOSED CORPORAT	' <b>E</b> NAME – <u>MUST INCLU</u>	IDE SUFFIX)	
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 PY REQUIRED	
FROM: Frank St. Anglo Name (Printed or typed)				
15 Fishermans Cir #1				
Ormond Beach, Fl. 32174 City, State & Zip				
(386) 451-8621  Daytime Telephone number				

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 28, 2004

FRANK ST. ANGELO 15 FISHERMANS CIR #1 ORMOND BEACH, FL 32174

SUBJECT: PAINT-MASTERS, INC. Ref. Number: W04000016404

We have received your document for PAINT-MASTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Letter Number: 304A00028410

Shawn Logan Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 24, 2004

FRANK ST. ANGELO 15 FISHERMANS CIR #1 ORMOND BEACH, FL 32174

SUBJECT: A PAINT-MASTERS, INC.

Ref. Number: W04000016404

We have received your document for A PAINT-MASTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan Document Specialist New Filings Section

Letter Number: 404A00036247

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:	
A Paint Masters of Son, Inc	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  15 Fishermans Cirt 4.	
Ormand Beach, Fl. 32174	04 23 -1
ARTICLE III PURPOSE	A Bosenia
The purpose for which the corporation is organized is:	*******
Painting	
ADDIVOYDER	1 1 (4
ARTICLE IV SHARES The number of shares of stock is:	* ***
10,000	\$ ** 
List name(s), address(es) and specific title(s):  Frank St. Angelo Plup Sec Tr.  15 Fishermous Cirth  Ormand Bench, Fl 32174	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Frank St. Angelo 15 Fishermon's Crr #1	
Ormand Beach, F1. 32174	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Frank St. Appelo 15 Fisherman's CII # 1	
Dimind Bench, F1 32-174	*******
Having been named as registered agent to accept service of process for the above stated corpo	pration at the place designated in this
certificase, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity
Es Minach	5/27/24
Signature/Registered Agent	Date
· / / / / /	
- Solling CXO	5/27/04
Signature/Incorporator	' Date