## PO4080091844

(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:	7





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TILED 18 58

## TRANSMITTAL LETTER

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

SUBJECT:	New Image Par (PROPOSED CORPORAT	inting Compe	my Inc.
	(PROPOSEDZORPORAT	te name <u>Jmust Incli</u>	<u>IDE SUFFIX</u> )
Enclosed are an orig	final and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Ken Ellefs Name (	(S) Printed or typed)	
	5715 Stoneha	ddress	217
	239-87	State & Zip  Z. 6229	

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



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

May 24, 2004

KEN ELLEFSON 5715 STONEHAVEN DR. N. FT. MYERS, FL 33903

SUBJECT: NEW IMAGE PAINTING COMPANY, INC.

Ref. Number: W04000020049

We have received your document for NEW IMAGE PAINTING COMPANY, INCa and your check(s) totaling \$70.00. 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) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 904A00036323

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CHARLESHI GESTAL

CHARLESHI G

٠ ٠	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:  Pour Ing Painting Company Inc. Ellefson Painting
	ARTICLE II PRINCIPAL OFFICE
	The principal place of business/mailing address is:
	Fort myers FL 33901
	ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
	For a "professional corporation" = 5
	ARTICLE IV SHARES The number of shares of stock is:  150 Danes
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
	List name(s), address(es) and specific title(s):  Ken Ellefson - President - 5715 Stonehaven Dr. N. Ft myers Fl 3:
50	Ken Elletson - President 3/13 2/1000 De 11 TE MYERS FL 23917
40 10	GATY WIGHT - PRESIDENT - 5745 HE FORLAKE DR. N. FT. MYERS FL #3917 KATHY LEWIS - SECRETARY/TREASURER 1221 SW 20TH ST. CAPECORAL, TR 3395
	ARTICLE VI REGISTERED AGENT
	The name and Florida street address of the registered agent is:  Ken Ellefson - 5715 Stonehaven Dr., N. Fr Myers Pl 83903
	ARTICLE VII INCORPORATOR
	The name and address of the Incorporator is:  [Lon Eilefson - 5715 Stonehaven Dr., NFt myers FL 33903
	***********************************
	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
!	KenEllefson WW 05/17/04
	Signature/Registered Agent/  Ken Elle-Form  05/17/04
•	Signature/Incorporator Date