

P04000092529

(Requestor's Name)

— LAESR —
9 MAHWE DR NORTH
— PALM COAST FL 32137 —

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 8, 2004

LAESR
9 MAHOE DR NORTH
PALM COAST, FL 32137

SUBJECT: PARASIDE PAINTING INC.
Ref. Number: W04000022084

RECEIVED
04 JUN 16 AM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for PARASIDE PAINTING 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 404A00038959

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:

PARADISE PAINTING INC. OF PALM COAST

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 354923 PALM COAST FL 32135-4923

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESIDENTIAL / COMMERCIAL PAINTING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LAWRENCE A EGELAND JR BOX 354923 PALM COAST FL 32135-4923
(DIRECTOR) - Pres
SHAWN M. KINNAIRD Box 354923 PALM COAST FL 32135-4923
(DIRECTOR) - VP

ARTICLE VI REGISTERED AGENT

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

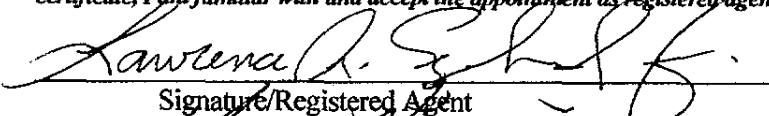
LAWRENCE A EGELAND JR 9 MAHDE DR. NORTH PALM COAST FL 321
OFFICE (386) 447-4938 MOBILE (386) 586-8581

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHAWN M KINNAIRD PO BOX 354923 PALM COAST FL 32135-4923

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

6-1-04

Date


Signature/Incorporator

6/1/04

Date

SHAWN M. KINNAIRD

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TALLAHASSEE, FLORIDA

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