P04000097094

(Ke	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
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Cardiffied Carries	Codification	-1 Chabana		
Certified Copies Certificates of Status				
				
Special Instructions to	Filing Officer:]		

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/1/28

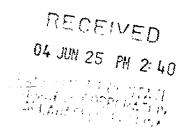
TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORAT	20I p	
Enclosed are an orig	(PROPOSED CORPORAT		
Enclosed are an orig	inat and one (1) copy of the artic	ies of incorbolation and	a check for
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	E \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Power Paint	Printed or typed)	
	90 Rox 55	ddress	
	Starke, Fl	32091 State & Zip	
	352-538	3-9838	

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





May 24, 2004

POWER PAINTING PO BOX 55 STARKE, FL 32091

SUBJECT: POWER PAINTING INC. Ref. Number: W04000020042

We have received your document for POWER PAINTING INC. and your check(s) totaling \$87.50. 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.

The document must state the number of shares of authorized stock.

If you have any further questions concerning your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 604A00036310

ARTICLE I NAME						
The name of the corporation shall be:	Power	0 ne	Pain	ting	Ir	vC
ARTICLE II PRINCIPAL OFFICE						
The principal place of business/mailing address is: $P.O. Box 55$. .		• •	•	•• •
Starke, FL 32091						
ARTICLE III PURPOSE The purpose for which the corporation is organize	dis: any I	enfunc	- Du	Dures	۵	
ARTICLE IV SHARES						
The number of shares of stock is	-	• • •		-		p
ARTICLE V INITIAL OFFICERS AND	OR DIRECTO)RS		·	nr 40	SECR
List name(s), address(es) and specific title(s):	-	•	. ,	₹	JUN 25	HAX
						SERY
					=	프
					∞	.OR
ARTICLE VI REGISTERED AGENT	ı				9	Dri A
The name and Florida street address of the regist	ered agent is:	•		-		
Vala	ra Petteu	sail				
1513	3stelle St.					
Stark	e, FL 33	1091				
			√D .			
	phonso C. Box 5	- C- - 7 6 UK-7	210	-		
,	, DOY P	2				
9	tarke, F	L 321	791			
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certificate, I am familiar with and accept the appointment of	registered agent at	nd agree to ac	t in this cap	me prace ae reity	aigimiei	,, .,,,
	Way		_5_	7-04	1	_
Signature/Registered Agent	(/)			Date /		
HINNERED HOROS	VH1.		5/	7/04	1	
Signature/Incorporator (