PAYBO144219

| (Red | uestor's Name) | | |
|---|--------------------|-----------|--|
| | | | |
| (Add | íress) | | |
| | | | |
| (Add | Iress) | | |
| (Cith | /State/Zip/Phone | 2 £() | |
| (Oit) | Otate/2ip/i florid | ÷π) | |
| PICK-UP | MAIT | MAIL | |
| | | | |
| (Bus | iness Entity Nar | ne) | |
| | | | |
| (Doc | cument Number) | | |
| Certified Copies | Certificates | of Status | |
| | • | | |
| Special Instructions to Filing Officer: | | | |
| | | ļ | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u></u> | | | |

Office Use Only



900041724919

10.18.04-01011--008 **78.75

MI OCT 18 A & 31
SECRETARY OF STATE

Sold Sold

TRANSMITTAL LETTER

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

| SUBJECT: | Color Intensity | The. | UDESUREX |
|----------------------|---------------------------------------|--|-------------------------|
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for: |
| \$70.00 Filing Fee | Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | Raymond P. Name 560 Hancock | • | |
| | Brooksville F | L 341002 State & Zip | |
| - | 352 - 799 - 797 | 9 | |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|---|---|
| ARTICLE I NAME | |
| *The name of the corporation shall be: | |
| Color Intensity, Inc. | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 560 HGncock LGKe Rd. Brooksville, FL 34602 |). |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | 7 ~ |
| printing sales | FE B |
| ARTICLE IV SHARES The number of shares of stock is: | FILED 2004 OCT 18 A 9: 31 SECRETARY OF STATE AT ALLAHASSEE, FLORIDA |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | - Q. STA: LOR |
| List name(s), address(es) and specific title(s): | |
| Raymond P. Rose, President | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agen Raymond P. Rosc 560 Harcock Lake Rd. Brooksville, FL 346002 | t is: |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Raymond P. Rose | |
| 560 Hancock Lake Rd. Brooksville, FL 34602 | |
| ************************************** | ***** |
| Having been named as registered agent to accept service of process for the above stated corporation at a certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capa | |
| Signature/Registered Agent | Date 1 |
| Signature/Incorporator 10/ | Dete Dete |
| U Dignature interperator / | Hate |