# 00014 Florida Department of State Division of Corporations

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(((H040002130693)))

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

DR. PAINT, INC. of SAKASOTA, INC

Certificate of Status	0
Certificate of Status Certified Copy	1
Page Count	03
Estimated Charge	\$78.75
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### FLORIDA DEPARTMENT OF STATE Chenda E. Hood Secretary of State

October 27, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: DR PAINT, INC. REF: W04000039474

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 number of the name conflict is P93000046001.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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

Tammy Hampton Document Specialist New Filings Section FAX Aud. #: H04000213069 Letter Number: 104A00061857

### ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the FLORIDA BUSINESS CORPORATION ACT, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

Dr Paint of Sarasota, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

939 Osborne Dr. Sarasota, Florida 34234

**ARTICLE III: SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares common stock @ \$1.00 per share

# ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael J. Smith 939 Osborne Dr. Sarasota, Florida 34234

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## ARTICLE V INCORPORATE(S)

See instructions for officers/directors

The name(s) and street address (es) of the officers and incorporator (s) to these Articles of Incorporations is (are):

Michael J. Smith, Director/Incorporator 939 Osborue Dr. Sarasota, Florida 34234

Officers:

Michael J. Smith, 939 Osborne Dr., Sarasota, Florida 34234 holds the offices of President, Vice President, Secretary and Treasurer of Dr Paint of Sarasota, INC.

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this: 18th. Day of October , 2004.

An additional article must be added if an effective date is requested.

Signature
Signature

Notarization is not required.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

#### *\CERTIFICATE OF DESIGNATION OF*

### REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

2. The name and address of the registered agent and office is:

Michael J. Smith Name

939 Osborne Dr.

(P.O. Box or Mail Drop Box NOT Acceptable)

Sarasota, Florida 34234

City/ State/ Zip

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my position as registered agent.

DEPARTMENT OF STATE DIVISION OF CORPORATIONS CORPORATE FILINGS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314