

P05000004530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

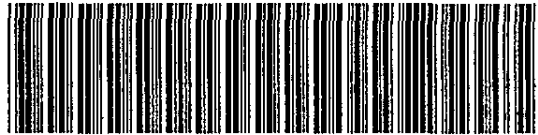
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY
DIVISION
05 JAN 10 PM 3:26

B1110

TRANSMITTAL LETTER

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

SUBJECT: T.M. Custom Coatings Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Tony Mating
Name (Printed or typed)

3228 Wallingford Dr
Address

Orl. Fl. 32810
City, State & Zip

407 295-7204
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 10 PM 3:26

ARTICLE I NAME

The name of the corporation shall be:

T.M. Custom Coatings Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3228 Wallington Dr
Orlando, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting, Drywall, Framing, tile

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):

(President)
Tony Maring
3228 Wallington Dr
Orl. FL 32810

(Vice President)
Judy Maring
37 S Powers Dr
Orl, FL 32835

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tony Maring
3228 Wallington Dr
Orl, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tony Maring
3228 Wallington Dr
Orl. FL 32810

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

Tony E Maring
Signature/Registered Agent

1-7-05
Date

Tony E Maring
Signature/Incorporator

1-7-05
Date