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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

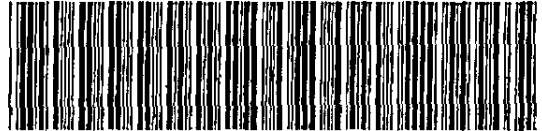
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/14/05--01011--010 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 14 PM 2:12

TRANSMITTAL LETTER

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

SUBJECT: SolidView, INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status
DMH

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

FROM: DEBORAH M. HARZ
Name (Printed or typed)

POST OFFICE BOX 453 6605 FLICKER COURT
Address

THONOTOSASSA FLORIDA 33592
City, State & Zip

813.924.6424
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)

ARTICLE I NAME

The name of the corporation shall be:

SolidView, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Post Office Box 453 Thonotosassa, FL. 33592

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

specialty painting techniques, 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):

Deborah M. Harz President
P.O. Box 453 Thonotosassa, FL. 33592

ARTICLE VI REGISTERED AGENT

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

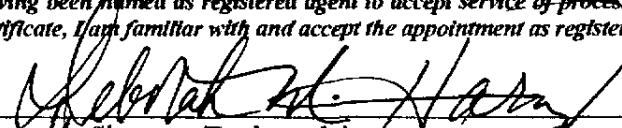
Deborah M. Harz 6605 Flicker Court Seffner, Florida 33584

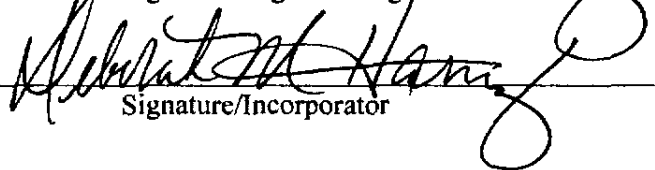
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Deborah M. Harz P.O. Box 453 6605 Flicker Court Thonotosassa, FL. 33592

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


Signature/Incorporator

1/12/05

Date
1/12/05

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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