

PA5000020641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

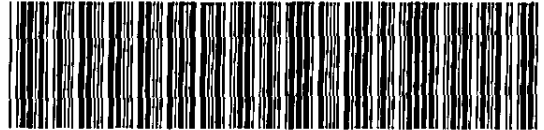
(Business Entity Name)

(Document Number)

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2-9-05

## TRANSMITTAL LETTER

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

SUBJECT: Kaleidoscope Painting Inc.  
(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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Emmell Palmer  
Name (Printed or typed)

2740 Ridge Boulevard  
Address

Jacksonville, Florida 32208  
City, State & Zip

(904) 764-1096  
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:

Kaleidoscope Printing of Jacksonville INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9740 Ridge Boulevard  
Jacksonville, Florida 32208

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide printing services

## ARTICLE IV SHARES

The number of shares of stock is: 500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Emmitt Palmer - President  
9740 Ridge Boulevard  
Jacksonville, Florida 32208

## ARTICLE VI REGISTERED AGENT

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

Emmitt Palmer  
9740 Ridge Boulevard  
Jacksonville, Florida 32208


## ARTICLE VII INCORPORATOR

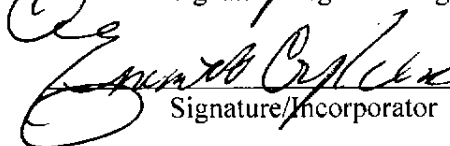
The name and address of the Incorporator is:

Emmitt Palmer  
9740 Ridge Boulevard  
Jacksonville, Florida 32208

\*\*\*\*\*

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

4 Feb 05  
\_\_\_\_\_  
Date

4 Feb 05  
\_\_\_\_\_  
Date

FILED  
05 FEB - 9 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA