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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

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

SUBJECT: Ocean Shore 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: Lisa A. Jackson  
Name (Printed or typed)

P.O. Box 3241  
Address

Springfield, FL 32401  
City, State & Zip

(850) 785-3324  
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:

Ocean Shore Painting Inc.

### ARTICLE II    PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 3241  
Springfield, FL 32401

### ARTICLE III    PURPOSE

The purpose for which the corporation is organized is:

Residential Home & Property 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):

Lisa A. Jackson, P.O. Box 3241, Springfield, FL 32401: President  
Jashua D. Lyle, P.O. Box 3241, Springfield, FL 32401 : Vice-President  
Jonathan C. Lyle, P.O. Box 3241 Springfield, FL 32401: Treasure/Secretary

### ARTICLE VI    REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jeffrey A. Kahm  
9721 Anderson Lane  
Southport, FL 32409


### ARTICLE VII    INCORPORATOR

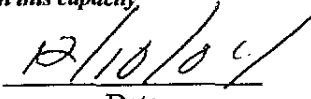
The name and address of the Incorporator is:

Lisa A. Jackson  
P.O. Box 3241  
Springfield, FL 32401

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

FILED  
05 FEB -3 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA