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| (Requestor's Name)        |                   |           |  |
|---------------------------|-------------------|-----------|--|
|                           |                   |           |  |
| (Address)                 |                   |           |  |
|                           |                   |           |  |
| (Address)                 |                   |           |  |
|                           |                   |           |  |
| (City/State/Zip/Phone #)  |                   |           |  |
| _                         | _                 |           |  |
| PICK-UP                   | L WAIT            | MAIL      |  |
|                           |                   |           |  |
| (Bus                      | siness Entity Nar | ne)       |  |
|                           |                   |           |  |
| (Doc                      | cument Number)    |           |  |
|                           |                   |           |  |
| Certified Copies          | Certificates      | of Status |  |
|                           |                   |           |  |
| Special Instructions to f | iling Officer:    |           |  |
|                           | •                 | l         |  |
|                           |                   | j         |  |
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Office Use Only



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J. Shires SEP 1.5 2005

## TRANSMITTAL LETTER

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

SUBJECT, Two topo Professional Proposed inc

| Enclosed are an orig    | inal and one (1) copy of the art             | ticles of incorporation and         | a check for:       |
|-------------------------|--|-------------------------------------|--------------------|
| □ \$70.00<br>Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | <ul><li></li></ul> |
|                         |  | ADDITIONAL CO                       | PY REQUIRED        |

FROM: MAtthew John Citaia
Name (Printed or typed)

3622 Hartland Dr.
Address

M. P. R. FL 34655

City, State & Zip

Daytime Telephone number

05 SEP IL AM 8: LS

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:  |
| Two tone Proffessional Painting inc  |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 36.22 Howthand Or. N. P.R. FL 34655  Mutto Culin   |
| The purpose for which the corporation is organized is: Painting  |
| ARTICLE IV SHARES The number of shares of stock is: 1,000  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Mutther Cutari  |
| 3622 Hartland Dr. N.P.R.FE 34655   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  **Mattle Color of the registered agent is: **Mattle Color of the registered a |
| 3622 Hartland Or N.P.R. FL 34655 Malle Clean   |
| ARTICLE VII INCORPORATOR   |
| The name and address of the Incorporator is: Matthew Cutain 3622 Hartland Or. N. P. R. R.L. 34655  |
| ***************************************  |
| 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   |
| Flatt User Signature/Registered Agent Date   |
| Signature/Incorporator INTERNAL REVENUE SERVICE  Date  |
| AUG 2 2 2005  ACCOUNTS MANAGEMENT  |