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(Requestor's Name)		
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
	WAIT	MAIL
(Business Entity Name)		
(Documer	t Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
		
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C.g. 10, 24

COVER LETTER

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

Brotheric Losta SUBJECT: (itgrici

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

\$70.00 Filing Fee

S78.75 Filing Fee & Certificate of Status \$78.75\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

Rober-FROM: _ D Spencer Rd. Surte 8A PARH FL 32 City, State & Zin AVICIE 904-272-74105 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:

BLOTHERS PAINTING ØSta

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 2550 OLANGE PARH, FL 32007

<u>ARTICLE III</u> <u>PURPOSE</u> The purpose for which the corporation is organized is:

DAINTING

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): B. CostA 1/000t(t OUNDER SDENCER Rd. ERED AGENT

MICHAEL B. COSTA (D-FOUNDER 2150 Spencel ld. Orange Mark, FL.

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

AAI Syite ID

The name and address of the Incorporator is:

COSTA RO. SUITE 2A FL: 320 23

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

En D σ ignature/Registered Agent Signature/Incorporator

10/19/05 Date <u>10- 19- 05</u> Date