## P05000148549

(Requestor's Name)		
(Address)		
(Address)		
(City	y/State/Zip/Phone	e #)
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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## TRANSMITTAL LETTER

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

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

\$70.00 \$78.75 \$87.50

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Name (Printed or typed)

107 N (akendor Ave Address

Ococe FL 344)

City, State & Zip

(407) 654 3868

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: The principal place of business/mailing address is: The purpose for which the corporation is organized is: painting ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS ist name(s), address(es) and specific title(s): sewood Are REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: kenood Are Ocoee fl 34761 INCORPORATOR and address of the Incorporator is: wood Are Having been named as registered agely 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 ignature/Registered Agent

ARTICLES OF INCORPORATION

Signature/Incorporator