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COVER LETTER

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

SUBJECT: Pistachio Custom Painting (PROPOSED CORPO	Company RATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the a	articles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Tom Santiago		
Na	me (Printed or typed)	
3315 Parkchester Squa		
	Address	
Orlando, FL 32835		<u></u>
	ity, State & Zip	
(407) 491-0232		
Daytim	ne 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:

Pistachio Custom Painting Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3315 Parkchester Square Blvd., #303, Orlando, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting, Texturing & Drywall

ARTICLE IV SHARES

The number of shares of stock is:

Three

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tom Santiago Officer & Director 3315 Parkchester Square Blvd., #303 Orlando, FL 32835

ARTICLE VI REGISTERED AGENT

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

Tom Santiago 3315 Parkchester Square Blvd., #303 Orlando, FL 32835

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Tom Santiago 3315 Parkchester Square Blvd., #303 Orlando, FL 32835

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

Tim Santicop		11-145
Signature/Registered Agent		Date
Tom Santiago		11-14-5
Signature/Incorporator	*	Date

OS NOV 14 PM 3: 04