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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

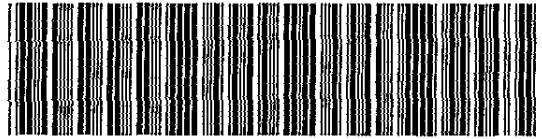
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

06 MAY -3 AM 11:17

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J. Shivers MAY 04 2006

COVER LETTER

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

SUBJECT: LNL Faux Finishing, 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 Schaffner  
Name (Printed or typed)

50 Ballard Ln  
Address

Palm Coast, FL 32137  
City, State & Zip

931-7227  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION  
FOR**

**LNL FAUX FINISHING, INC.**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

LNL FAUX FINISHING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

PLACE OF BUSINESS:

108B RICKENBACKER LN.

PALM COAST, FL 32137

MAILING ADDRESS:

50 BALLARD LN.

PALM COAST, FL 32164

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE.

**ARTICLE V INITIAL DIRECTORS (optional)**

The name(s), address (es) and title(s):

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

**ARTICLE VI INITIAL OFFICERS (optional)**

The name(s), address (es) and title(s):

LISA SCHAFFNER

PRESIDENT

50 BALLARD LN.

PALM COAST, FL 32137

LINDSAY BAUGHMAN

VICE-PRESIDENT

108B RICKENBACKER LN.

PALM COAST, FL 32164

**ARTICLE VII REGISTERED AGENT**

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

LISA SCHAFFNER  
PRESIDENT  
50 BALLARD LN.  
PALM COAST, FL 32137

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

LISA SCHAFFNER  
PRESIDENT  
50 BALLARD LN.  
PALM COAST, FL 32137

**ARTICLE XI TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE X PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

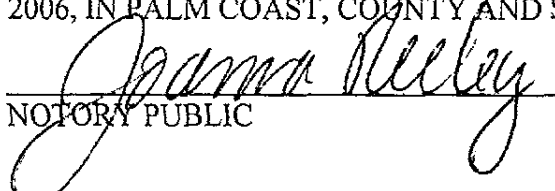
IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 29 DAY OF March 2006.

  
LISA SCHAFFNER

STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED LISA SCHAFFNER, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 29<sup>th</sup> DAY OF March 2006, IN PALM COAST, COUNTY AND STATE AFORESAID.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



**ARTICLE VII REGISTERED AGENT**

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

LISA SCHAFFNER  
PRESIDENT  
50 BALLARD LN.  
PALM COAST, FL 32137

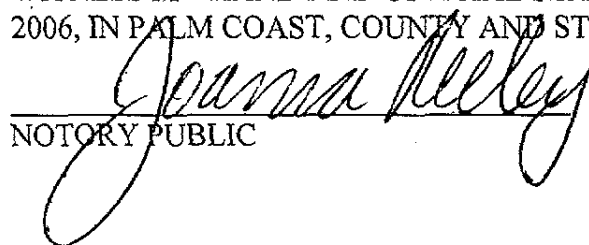
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NOTARY PUBLIC

MY COMMISSION EXPIRES:



Joanna Reiley  
My Commission DD167490  
Expires January 24, 2007

**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *Lisa Schaffner*  
LISA SCHAFFNER

TITLE \_\_\_\_\_  
PRESIDENT

DATE 3/29/06

**FILED**  
06 MAY -3 AM 11:17  
TALLAHASSEE, FLORIDA