# P06000133054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## TRANSMITTAL LETTER

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

SUBJECT:	Change State or Corporation from Georgia to Florida				
Enclosed is an	original and one (1) copy of the Certificat	e of Domestication and a check for:			
FEES:					
Certifi	icate of Domestication	\$50.00			
Artick	es of Incorporation and Certified Copy	<u>\$78.75</u>			
Total	to domesticate and file	\$128.75			
OPTIONAL:					
Certifi	icate of Status	\$ 8.75			
EDON	1: William H. Odom				
FRUN	Name (printed or	typed)			
	•				
	4920 Fiji Circle				
	Address				
	Orlando, Florida 32808				
	City, State &	Zip			
	407-296-8866				
	Daytime Telephone	Number			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2006

WILLIAM H. ODOM 4920 FIJI CIRCLE ORLANDO, FL 32808

SUBJECT: PRO-COATING, INC Ref. Number: W06000044824

We have received your document for PRO-COATING, INC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filing Section

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6 OCT 19 M P 2

ACIMENT CE STATION OF CORF CRATICIONS
IL MIASSEE, FLORIS

Letter Number: 706A00060871

### **CERTIFICATE OF DOMESTICATION**

The undersigned, William H. Odom	Owner
(Name)	(Title) AM
of Pro-Coating , INC	a foreign corporation 2
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does here!	by certify:
1. The date on which corporation was first formed was Jan	nuary 25 , 2005 - 1 & C
<ol><li>The jurisdiction where the above named corporation was came into being was Georgia</li></ol>	as first formed, incorporated, or otherwise
The name of the corporation immediately prior to the fill was Pro-Coating, INC	iling of this Certificate of Domestication
4. The name of the corporation, as set forth in its articles o s. 607.0202 and 607.0401 with this certificate is Pro-Cor	
5. The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivaler immediately before the filing of the Certificate of Dome 606 Highview Circle Grovetown, Georgia 30813	nt jurisdiction under applicable law,
<ol> <li>Attached are Florida articles of incorporation to complet to s. 607.1801.</li> </ol>	ete the domestication requirements pursuant
I am President , of Pro-Coating, INC	
and am authorized to sign this Certificate of Domestication	on behalf of the corporation and have done
so this the 9 day of October	, 2006
Will- D. Od (Authorized Signatu	ure)
Filing Fee: Certificate of Domestication	\$50.00

Articles of Incorporation and Certified Copy

Total to domesticate and file

\$78.75

\$128.75

INHS53 (6/04)

# ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

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THE NAME OF THE CORPORATION SHALL BE:
Pro-Coating, INC - OLDIN POINTING JINC

#### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 4920 Fiji Circle Orlando, Fl 32808

#### ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Painting

#### ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 20

#### ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
Deitra S. Odom-Secretary
4920 Fiji Circle
Orlando, Fl 32808

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

William Odom 4920 Fiji Circle Orlando, FI 32808I

#### ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

William Odom 4920 Fiji Circle Orlando, Fl 32808

Having been named as registered agent and 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.

Signature/Registered Agent

.

s. T'

Signature/Incorporator

D