# P08000023862

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

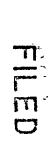
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2008 MAR -5 PH 1:32
SECRETARY OF STATE
TALLAHASSEE. FLORIDA



# TRANSMITTAL LETTER

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

ECT:	(PROPOSED CORPORA	USK 1 TOLL TE NAME - MUST INCL	nting (O) ude suffixo
d are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	Macie	Printed or typed)	uski
-	5333	Morgan Address	Horsei
-	Jack'so,	NIC I-L State & Zip	32257
	904	262 93 elephone number	92

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

# ARTICLES OF INCORPORATION FOR

#### M. KLOSOWSKI PAINTING CONTRACTOR INC.

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

#### ARTICLE I NAME

The name of the corporation shall be:

# M. KLOSOWSKI PAINTING CONTRACTOR INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

#### PLACE OF BUSINESS:

5333 MORGAN HORSE DR. N JACKSONVILLE, FL 32257

#### 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):

MACIEJ KLOSOWSKI PRESIDENT 5333 MORGAN HORSE DR. N JACKSONVILLE, FL 32257 2008 MAR -5 PH 1: 32
SECRETARY OF STATE
TALLAHASSEE, FLORID!

# ARTICLE VII REGISTERED AGENT

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

MACIEJ KLOSOWSKI PRESIDENT 5333 MORGAN HORSE DR. N JACKSONVILLE, FL 32257

#### ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

MACIEJ KLOSOWSKI PRESIDENT 5333 MORGAN HORSE DR. N JACKSONVILLE, FL 32257

#### ARTICLE XI TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

M. KŁOSOWSKI PAINTING CONTRACTOR., INC

#### 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 DAY OF DAY OF
Macies Klosowski
STATE OF FLORIDA COUNTY FLAGLER
BEFORE ME PERSONALLY APPEARED MACIEJ KLOSOWSKI, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED
WITNESS MY HAND AND OFFICIAL SEAL THIS DAY OF
2008, IN PALM COAST, COUNTY AND STATE AFORESAID.
NOTORY/PUBLIC MY COMMISSION EXPIRES:

2/12/2008

# ARTICLE VII REGISTERED AGENT

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

MACIEJ KLOSOWSKI PRESIDENT 5333 MORGAN HORSE DR. N JACKSONVILLE, FL 32257

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCIPANTICLES OF INCORPORATION ON THIS 2008.	RIBERS HAVE EXECUTED THESE DAY OF
Musy Morrow	
MACIEJ/KLOSOWSKI	
STATE OF FLORIDA	
COUNTY FLAGLER	
BEFORE ME PERSONALLY APPEARED MACIEJ KLOS	SOWSKI, TO ME WELL KNOWN
AND KNOW TO ME TO BE THE INDIVIDUALS DESCR	IBED IN AND WHO EXECUTED
THE FOREGOING INSTRUMENT, AND THEY PURPOS	E THEREIN EXPRESSED.
WITNESS MY HAND AND OFFICIAL SEAL THIS //	DAY OF MO
2008, IN PALMICOAST, COUNTY AND STATE AFORES	SAID.
_ / Oppme ( [ [ ] ] )	
NOTORY PUBLIC N	MY COMMISSION EXPIRES:
	WWW.

#### 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

MACIEJ KLOSOWSKI

TITLE MAUGY KLOSOWSK

PRESIDENT

DATE

2008 MAR -5 PH 1: 32 SECRETARY OF STATE