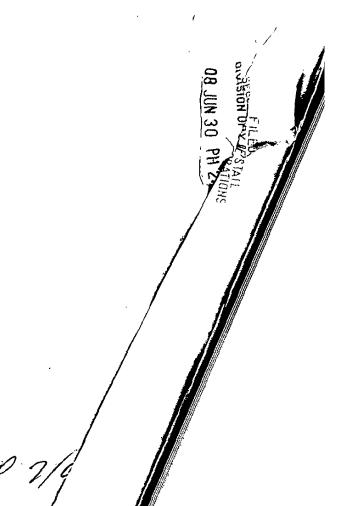


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entity Name)			
(Document Number)			
(=			
Certified Copies Certificates of Status			
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Special Instructions to Filling Office			
Special Instructions to Filing Officer:			
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06/30/08--01014--023 **87.50



COVER LETTER

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

SUBJECT: <u>Sealing</u> Solutions of Central Florida Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	.UDE SUFFIX)		
inal and one (1) copy of the artic	les of incorporation and	a check for:		
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Banden Gillespie Nama (Printed or typed)				
Oviedo FL 3271 City,	Address State & Zip			
	1001 Zachary CT Oviedo FL 3276 City,	\$78.75 \$78.75 Filing Fee & Certificate of Status & Certified Copy		

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:	Inc.
The name of the corporation shall be: Sealing Satutions of Central Florida	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
1001 Zachary Ct. Suite 101 Oviedo, FL. 32765	80 N
Guledo, FL: 32100	SECRETARY DIVISION OF CO
ARTICLE III PURPOSE	N3 PATE
The purpose for which the corporation is organized is:	
Sealing of exterior surfaces	PH PH
,	RA RA RA
ARTICLE IV SHARES	PH 2: 30
ARTICLE IV SHARES The number of shares of stock is:	6
1000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>RS</u> ,,
List name(s), address(es) and specific title(s):	12 22715 C . D . 200
List name(s), address(es) and specific title(s): Brandon Gillespie 1001 Zachary CT Ovied	10, FC Sa 165 - C8 "OWNER
Brandon Gillespie 1001 Zuchary Cr Color Matt Murphy 5560 N. Dean Rd. Orlor	1: +1 37817 Cm - August
Lillia Leen Rd. Orlor	MOJEC, SXOTT CO-DWINE
Matt Murphy 3360	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	of the registered agent is:
Brandon Gillespie	
1001 Zuchany CT Suite 101	•
Oviedo FL 32765	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Brandyn Gillespie	
1001 Zachary CT Juike 101	
001edo FL 50/65 ************************************	*********
Having been named as registered agent to accept service of process for the abo	ove 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
$\sqrt{2}$ u^*ML	1 0= 00
Juarda X Illespe	6-05-08
Signature/Registered Agent	Date
Diarden L'ellestries	6-25-08
Signature/Incorporator	Date
▼ -	