

PO9000028827

(Requestor's Name)

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(City/State/Zip/Phone #)

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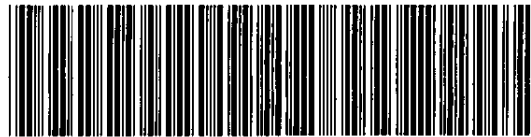
(Business Entity Name)

(Document Number)

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

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09 MAR 31 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: PRO MASTER PAINTING ENTERPRISES, 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: ANDRZEJ PERZAN  
Name (Printed or typed)

501 MONACO DRIVE Address

DAVENPORT, FL 33837  
City, State & Zip

(866)397-4722  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2009

ANDRZE J PEREZ  
501 MONACO DRIVE  
DAVENPORT, FL 33837

SUBJECT: PRO MASTER PAINTING ENTERPRISES, INC.  
Ref. Number: W09000013098

We have received your document for PRO MASTER PAINTING ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) .

Please return the corrected 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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 009A00009381

# 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:

PRO MASTER PAINTING ENTERPRISES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

501 MONACO DR.  
DAVENPORT, FL 33837

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

START A NEW BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANDRZEJ PERZAN-PRESIDENT  
501 MONACO DR.  
DAVENPORT ,FL 33837

PIOTR PERZAN-SECRETARY  
501 MONACO DR.  
DAVENPORT ,FL 33837

## ARTICLE VI REGISTERED AGENT

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

ANDRZEJ PERZAN  
501 MONACO DR.  
DAVENPORT ,FL 33837

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDRZEJ PERZAN-PRESIDENT  
501 MONACO DR.  
DAVENPORT ,FL 33837

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

Andrzej Perzan

Signature/Registered Agent

Andrzej Perzan

Signature/Incorporator

3-25-09

Date

3-25-09

Date