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(Re	equestor's Name)			
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SECRETARY OF STATE

T. Buren LIEL 1 5 2009

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COVER LETTER

Clife Pro dent repair in C (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

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

■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	GEVIN WAYNE Name	(Printed or typed))	
0	City, 5 407-745-9940	ddress 3	-8117	
4	E-mail address: (to be used	* * * * * * * * * * * * * * * * * * *	otification)	hotmai). com

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: ellte Pro dent repair, inc. ARTICLE II PRINCIPAL OFFICE 10735 Satin wood Circle ORLANDO FL 32825 RTICLE III PURPOSE he purpose for which it The principal street address and mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: to do paintless des ARTICLE IV 1000 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): 10735 Satin wood Circle OCLANDS FL 32825 Kevin Bishap President REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: KEUIN BIShop 10735 Satin wood circle ORLANDO AL 32825 ARTICLE VII INCORPORATOR 10735 Sattawood chicle on ANDO FL 32825 The name and address of the Incorporator is:

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

Date