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(Re	equestor's Name)			
(Ac	ddress)			
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(City/State/Zip/Phone #)				
PłCK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CLASSI	C PAINTERS, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: RO	GER BEDGOOD Nam	e (Printed or typed)	
911	3 SW 52 STREET	Address	
000		Address	
COC	OPER CITY, FL 33328 City	, State & Zip	
954	-249-0101	Felephone number	
unh G	·	retephone number	
1000	Delassicpainters.net E-mail address: (to be use	ed for future annual report r	notification)

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:

CLASSIC PAINTERS, INC.



ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 9113 SW 52 STREET, COOPER CITY, FLORIDA 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROGER BEDGOOD, Owner / P.O. Box 291253 - Davie, Fl 33329

CYNTHIA BEDGOOD, Vice President, Treasurer / P.O. Box 291253 - Davie, Fl 33329

ARTICLE VI REGISTERED AGENT

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

ROGER BEDGOOD 9113 S.W. 52 STREET COOPER CITY, FLORIDA 33328

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

CYNTHIA BEDGOOD P.O. Box 291253 Davie, Florida 33329

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

By: Roger Bedgood	8-12-10
Signature/Registered Agent	Date
Signature/Registered Agent CYNTHIA BEDGOOD LINUILLI Seland	8/12/10
Signature/Incorporator	Date