

P 11000000841

BLUMBERG/EXCELSIOR  
Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
PAINTING ETCETERA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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BLUMBERGEXCELSIOR

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Fax Server



January 4, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: PAINTING ETCETERA, INC.

REF: W11000000202

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000001163  
Letter Number: 211A00000167

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**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 JAN -4 PM 1:45

**ARTICLE I NAME**The name of the corporation shall be: **PAINTING ETCETERA, INC.****ARTICLE II PRINCIPAL OFFICE**

Principal street address

**10790 HAYDN LANE  
BOCA RATON, FL 33498**

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:  
**GENERAL****ARTICLE IV SHARES**The number of shares of stock is: **200 no par value****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **JUDE ANN PRISCO (DIRECTOR)**Address: **10790 HAYDN LANE****BOCA RATON, FL 33498**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **JUDE ANN PRISCO**Address: **10790 HAYDN LANE****BOCA RATON, FL 33498****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **JUDE ANN PRISCO**Address: **10790 HAYDN LANE****BOCA RATON, FL 33498**

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

Required Signature/Registered Agent

1/3/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

1/3/11

Date