| (Requestor's Name)  | 033531  |  |  |  |  |
|---|---|--|--|--|--|
| (Address)   | 400201990444  |  |  |  |  |
| (Address)<br>(City/State/Zip/Phone #)   |   |  |  |  |  |
| (Business Entity Name)<br>(Document Number)                                     | 04/20/1101024021 **78.75  |  |  |  |  |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: |   |  |  |  |  |
|   | AFFNOYLA<br>FLED<br>11 APR 20 PH 2: 26<br>SCORETARY OF STATE<br>TALLAHASSEE FLORING |  |  |  |  |

## **COVER LETTER**

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

## SUBJECT: TMM Painting Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

| py<br>e of<br>D |
|-----------------|
|                 |
|                 |
|                 |
|                 |
|                 |
|                 |

## 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 NA<br>The name of the corpora  | ation shall be: TMM Paint   | ing I           | Inc.               |   |                 |            |
|--|---|-----------------|--------------------|---|-----------------|------------|
| ARTICLE II PR                            | INCIPAL OFFICE  | <u> </u>        |                    |   |                 |            |
|  | Principal street address  |                 | Mailing addres     | ss, if different is   | 3: <sup>-</sup> |            |
| 830                                      | 36 Common wealth Ave.   |                 |                    |   |                 | _          |
| Ja                                       | cksonville FL. 32220  | <del></del>     | <u> </u>           |   |                 | -          |
| - <u></u>                                |   |                 |                    |   |                 |            |
| ARTICLE III PUR                          | RPOSE   |                 |                    |   |                 |            |
| The purpose for which                    | the corporation is organized is:  |                 |                    |   |                 |            |
| Paintin                                  | _   |                 |                    |   |                 |            |
| raintin                                  | Ľ9  |                 |                    |   |                 |            |
|  |   |                 |                    |   |                 |            |
|  |   |                 |                    |   |                 |            |
|  | ADEC  |                 |                    |   |                 |            |
| ARTICLE IV SH<br>The number of shares of |   |                 |                    |   |                 |            |
| The number of shares of                  | 1 SIOCR 15  |                 |                    |   |                 |            |
| ARTICLE V INI                            | TIAL OFFICERS AND/OR DIRECTORS  | 2               |                    |   |                 |            |
| Name and Title:                          | Melissa A. Joseph President   | Name and Ti     | tle:               |   |                 | -          |
| Address: 8                               | 306 Commonwealth Ave.<br>Sacksonville FL. 32220   | Address:        | <u></u>            |   |                 |            |
|  | *   |                 |                    | ·····   |                 | -          |
| . –                                      |   |                 |                    |   |                 | -          |
|  |   |                 |                    |   |                 | -          |
| Address: _                               | · · · · · · · · · · · · · · · · · · ·   | Address:        |                    | · · · · ·   |                 | -          |
| -  |   |                 |                    |   |                 | -          |
| . –                                      |   |                 |                    |   |                 | -          |
|  |   |                 |                    |   |                 |            |
| Address:                                 |   | Address:        |                    |   |                 | -          |
| _  |   |                 |                    |   |                 | _          |
|  |   |                 |                    |   |                 |            |
|  | <u>GISTERED AGENT</u><br><u>street address</u> (P.O. Box NOT acceptable) of t                       | he registered a | cent is:           |   |                 |            |
| Name:                                    | Mellissa A. Joseph  | ne registereu a | igent is.          |   |                 |            |
| Address:                                 | \$306 Common weatth Ave   | · •             |                    |   |                 |            |
|  | Jacksonville FL. 32220  |                 |                    | · Stee  |                 |            |
|  |   |                 |                    | 26  | P               |            |
| ARTICLE VII INC.<br>The name and address | CORPORATOR  |                 |                    | 全部  | APR             | そ          |
| Name:                                    | Melissa A Joseph  |                 |                    | ASTA  | 20              |            |
| Address:                                 | 8306 Commonwealth Ave   | ~               |                    | ×<br>H<br>K<br>H<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K<br>K |                 | TISC.      |
|  | Jacksonville FL. 3220   | )               |                    |   | PH 5            | - C        |
| Having been named as                     | s registered agent to accept service of process   | for the above   | stated corporatio  | m at the Strice   | d Danated       | ,"<br>I in |
| this certificate, I am far               | miliar with and accept the appointment as regis   | tered agent an  | id agree to act in | this capacity   | 2<br><b>6</b> + |            |
|  |   | 0               | 0                  | E   | <b>6</b> -      |            |
| nelissa.                                 | A. JOSCA<br>Required Signature/Registered Agent   |                 |                    | 4-18-   | 2011            | _          |
|  | Required Signature/Registered Agent   |                 |                    | Dat   | e               | -          |
|  | •   |                 | and that the false | information .   | ubmittad t      | H /1       |
|  | t and affirm that the facts stated herein are t<br>tment of State constitutes a third degree felony |                 |                    |   | uomuteu ii      | 14         |
| i incention in the prepare               |   |                 |                    |   |                 |            |
| Melizza r                                | + loseph  |                 |                    | 4-18  | .2011           |            |
|  | Required Signature/Incorporator   | <del>.</del>    |                    | <u>D</u>  | ate             | -          |