

P11000044603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

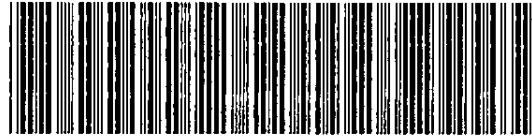
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/09/11--01061--005 \*\*78.50

FILED  
11 MAY -9 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
5/10

## COVER LETTER

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

SUBJECT: X WIZIT Paint 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: John Wayne Berry  
Name (Printed or typed)  
15694 SE 90th Terrace  
Address  
Summerfield FL 34491  
City, State & Zip  
352 504 8718  
Daytime Telephone number  
XWIZITpaintinc@aol.com  
E-mail address: (to be used for future annual report 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)

FILED  
11 MAY 19 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: XWIZIT Paint Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15694 SE 90th Terrace  
Summerfield FL 34491

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Interior + Exterior painting as a professional profit corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John W. Berry President

Address: 15694 SE 90th Terrace  
Summerfield FL 34491

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Michelle D. Cichielo Vice President

Address: 15694 SE 90th Terrace  
Summerfield FL 34491

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: John W. Berry

Address: 15694 SE 90th Terrace  
Summerfield FL 34491

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle D. Cichielo

Address: 15694 SE 90th Terrace  
Summerfield FL 34491

*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*

John W. Berry

Required Signature/Registered Agent

5/3/11  
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.*

Michelle D. Cichielo

Required Signature/Incorporator

5/3/11  
Date