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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch JUL 798 2011

COVER LETTER

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

SUBJECT: TADA POINT OF THE OPPOSED CORPORATE	HENROL ENVIONMENTS, INC.			
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75	cles of incorporation and a check for: \$78.75 \$87.50			
Filing Fee Filing Fee	Filing Fee Filing Fee,			
& Certificate of Status	& Certified Copy Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Seven	Printed or typed)			
420 Bac	KSKIOCH.			
City, State & Zip				
Sal-229-2322 Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

July 25, 2011

Florida Department of State

Division of Corporations

Subject: TADA Painting & Themed Environments, Inc.

Document Number: P10000023528

We are the original owners of the business name, TADA Painting & Themed Environments, Inc. and filed for dissolution on June 22, 2011. We have no intention of revoking the dissolution and would like to release the name. Therefore, we are filing to re-open the corporation using the same name of TADA Painting & Themed Environments, Inc. Thank you for your attention to this matter.

Sincerely,

Steve Rowell

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

The name of the corpor	AME ration shall be: TADA Rointing	#-therred Envir	tonments, Inc.
ARTICLE II PR	Principal office Principal street address Principal street address Principal street address Principal street address		ess, if different is:
and	h the corporation is organized is:	ecofit.	FILED JUL 27 PN 4: 36 CRETARY OF STATE LAHASSEE, FLORIDA
Name and Titles Address:	SHOURT CERS AND/OR DIRECTOR SHOURT CHELL COMME WITH SECURITY CHELL DITHER SECURITY CHELL	Name and Title:	n Rusell, vice Prosident Charin C. + Springs, FC 32708
Name and Title: Address:		A .1.3	
Name and Title: Address:		Name and Title:Address:	
The name and Florids Name: Address: ARTICLE VII IN The name and address	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of the Control of the Incorporator is:	of the registered agent is:	
Name: Address:	as registered agent to accept service of proce	Sector the above stated cornera	tion at the place designated in
this certificate, Lam fa	Required Signature/Registered Agent	gistered agent and agree to act i	in this capacity
I submit this docume document to the Depa	nt and affirm that the facts stated herein ar rtment of State constitutes a third degree felor Required Signature/Incorporator	e true. I am aware that the faint as provided for in s.817.155,	se information submitted in a F.S. Place