

P12000029309

(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



000224447150

03/14/12--01019--006 \*\*78.75

FILED  
12 MAR 26 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-15089

K 03/27/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 MAR 26 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 15, 2012

ROBIN L. SMITH  
206 BAY BLOSSOM DR.  
SEBRING, FL 33876

SUBJECT: KARO, INC.  
Ref. Number: W12000015089

We have received your document for KARO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable. Simply adding "of Florida" or "Florida" to the end of the name is not acceptable.

The document number of the conflict is L08000032535 (KARO LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00009475

## COVER LETTER

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

SUBJECT: **ADD COLOR 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

ALREADY  
PAID  
SEE ATTACHED

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Robin L Smith**

Name (Printed or typed)

**206 Bay Blossom Dr**

Address

**Sebring FL 33876**

City, State & Zip

**863-414-0404**

Daytime Telephone number

**rsmith1064@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)

**ARTICLE I NAME**

**ADD COLOR INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
206 Bay Blossom Dr  
Sebring FL 33876

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any and all lawful business involving painting.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Robin L Smith --- PVPD  
Address: 206 Bay Blossom Dr  
Sebring FL 33876

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

Name and Title: Karen L Kirmeyer --- ST  
Address: 206 Bay Blossom Dr  
Sebring FL 33876

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: Robin L Smith  
Address: 206 Bay Blossom Dr  
Sebring FL 33876

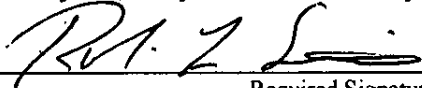
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robin L Smith  
Address: 206 Bay Blossom Dr  
Sebring FL 33876

FILED  
12 MAR 26 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

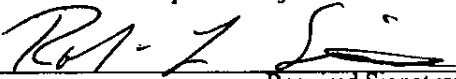


Required Signature/Registered Agent

3/22/12

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

3/22/12

Date