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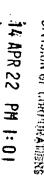
(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		,		



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COVER LETTER

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

SUBJECT: * Artisan Painting Company Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy o	of the artic	les of incorporation and	a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of State	tus	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	İ	ADDITIONAL COPY REQUIRED				
FROM: John Gilbert Jr. Name (Printed or typed) 88701 Overseas Hwy Address						
Tayernier FL 33070 City, State & Zip						
305-852-4185 Daytime Telephone number						
john @ Cornerstone Construction. net						

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

ARTICLES OF INCORFORATION

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

The name of the corpora	tion shall be: Artisan R	ainting	Company, Inc
ARTICLE II PRI	NCIPAL OFFICE		Marilian addison in discourse in
QQTNI A	Principal <u>street</u> address VEVSEQS HWY		Mailing address, if different is:
	,		
Tavernie	1, FL 33070	 	
	noor		
The purpose for which t	POSE the corporation is organized is:	be a	licensed
painting	company		14 h
ر 			APR
			22 SERVI
			M ROES
			0
			-5
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR	Name and Title Address: Name and Title Name and Title Address:	Tracy Gilbert - P * 88701 Overseas Hwy Tavernier, FL 33070 President
	:		:
Address		_ Address:	

Name	and Title: Name and Title:	
Addre	•	
	·····	
	REGISTERED AGENT	
i ne <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	John Gilbert Jr.	
Address:	88701 Overseas Hwy	
	Tavernier, FL 33070	T ON
	1000 1110	AP SE
ARTICLE V	II INCORPORATOR	R 22
The <u>name and</u>	address of the Incorporator is:	PM PM
Name:	Kristine Danzig	
	QQTAI AVOICECE HUNI	9
Address:	88701 Overseas Hwy	179
	Tavernier, FL 33070	
Havina hoon r	named as registered agent to accept service of process for the above stated co	rnoration at the place designated
this certificate,	I am familiar with and accept the appointment ar registered agent and agree	to act in this capacity
	May May Marill	3/7/14
	Required Signature/Registered Agent	Date
I submit this a	ocument and affirm that the facts stated herein are the. I am aware that t	the false information submitted in
	ne Department of State constitutes a third degree felony as provided for in s.8	
1	χ _	
	Required Signature/Incorporator	Date

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