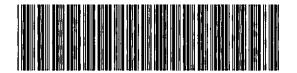


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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COVER LETTER

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

Tallahassee, FL	32314		
SUBJECT: B	udget Pro Painting, (PROPOSED CORPORAT	Inc. re name – <u>must incl</u> i	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the artic	cles of incorporation and	l a check for:
☐ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		(Printed or typed)	
	2622 Allwood Aver	nue	
	A	ddress	
	Valrico, FL 33596		
	City, S	State & Zip	

813-484-6854

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

Daytime Telephone number

wallacehatfield@hotmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE II P	RINCIPAL OFFICE					
	Principal street address			Mailing address, if different is:		
2622 Allwood Avenue		P.O. Box 6111 Brandon, FL 335				
Valrico, FL 3	3596	B	randon	, FL	335	08
ARTICLE III PU The purpose for whic	RPOSE h the corporation is organized is:	ntial and co	mmercia	l paint	ting	
					3S 類	1 V 3 − 1
					EP 10	
				<u>-</u> -	PM 3:	
ARTICLE IV Si	HARES 100 (000 WILH of stock is:					The second secon
ARTICLE V II	IITIAL OFFICERS AND/OR DIRECTO		nailui	sadd	hass	### ### ### ### ### ### ### ### ### ##
ARTICLE V II			nailui P.O.B.	5 add	lroes	######################################
ARTICLE V II	ittial officers and/or director tle: Wallace Hatfield, Pres.	RS Name and Title: Address:	nailui P.O. B. Bran	s add	ross F(3)	: 3508
ARTICLE V II Name and T Address	TITIAL OFFICERS AND/OR DIRECTOR tle: Wallace Hatfield, Pres. 2622 Allwood Avenue Valrico, FL 33596	Name and Title: Address:	·			
Name and To Address Name and To	Wallace Hatfield, Pres. 2622 Allwood Avenue Valrico, FL 33596 Patrick Spence, V-Pres	Name and Title: Address:	·			
ARTICLE V II Name and T Address	Wallace Hatfield, Pres. 2622 Allwood Avenue Valrico, FL 33596 Patrick Spence, V-Pres		·			
Name and To Address Name and To Address	Wallace Hatfield, Pres. 2622 Allwood Avenue Valrico, FL 33596 Patrick Spence, V-Pres 3017 Maine Avenue	Name and Title: Address: Name and Title: Name and Title: Address:	Mailie P.O. Eato	gado Box	locs 243, LK,1	: (F <u>L 3</u> 384

Name and	d Title: TERRY HATTURE	Name and Title:		
Address	9	Address:		
	Ung 210	- -		
	Odessa 71 33556	· —		
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent	t is:	
Name:	Wallace Hatfield			
Address:	2622 Allwood Avenue	_	· •	政 SIVISI
	Valrico, FL 33596	_	<u>!</u> -	
ARTICLE VII	INCORPORATOR			
The name and ad	Idress of the Incorporator is:		-	
Name:	Wallace Hatfield	-		75
Address:	2622 Allwood Avenue	_		
	Valrico, FL 33596	_		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg			
	Required Signature Registered Agent		Augus	+30, 2014
	Required Signature Registered Agent	Date		ite
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon			submitted in a
le	Sacrace Ribarfield	, 	Augus	+30,2014
<u> </u>	Required Signatule Incorporator	<u>.</u>		Date