

Jan 29 2015 1:53PM  
Division of Corporations

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**P15000009391**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVIDCPA@Tampabay.fl.gov

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MAJOR WALTERS PAINTING, INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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

**ARTICLE I NAME** MAJOR WALTERS PAINTING, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

4651 9TH AVE S  
ST PETERSBURG, FL 33711

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:

TO OPERATE ANY LEGAL BUSINESS IN  
THE STATE OF FLORIDA INCLUDING A PAINTING  
COMPANY.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is:

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

Name and Title: MAJOR WALTERS PST Name and Title:  
Address: 4651 9TH AVE S Address:  
ST PETERSBURG, FL 33711

Name and Title: Name and Title:  
Address: Address:

Name and Title: Name and Title:  
Address: Address:

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(cont.)

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID C HASTINGS CPA  
 Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS  
 Address: 2207 54TH ST S  
GULFPORT, FL 33707

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*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

01/29/2015  
 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

01/29/2015  
 Date

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