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(Requestor's Name)				
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(Business Entity Name)				
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Certified Copies Certificates of Status				
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COVER LETTER

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

Carlson's Proficient Painting, INC.

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED		
FROM: Eric	c G.Carlson	e (Printed or typed)	Man		
432	4326 26th ave n				
<u></u>	Address				
Sair	Saint Petersburg, Fl. 33713				
	City, State & Zip				
(727	(727)639-0620				
	Daytime Telephone number				
reds	reds1@live.com				
	F-mail address: (to be use	d 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)

TICLE II PRINCIPAL OFFICE		10.1100
Principal <u>street</u> address 26 26th ave n	Mailing addre	ess, if different is:
int Petersburg, FL 33713		
	to provide painting services.	
ETICLE IV SHARES e number of shares of stock is:		15 APR
TICLE IV SHARES e number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECT		15 APR 30 SPE 2 / 2 / TAIL APPENDED
e number of shares of stock is:	<u>CTORS</u>	PR 30 PM
e number of shares of stock is:/ TICLE VINITIAL OFFICERS AND/OR DIRECTION	Name and Title: Address:	PR 30 PM I:
Name and Title: Address	Name and Title: Address:	PR 30 PM I:
Name and Title: Address	Name and Title:Address:	PR 30 PH 1: 40
Name and Title: Address	Name and Title:Address:	PR 30 PH 1: 40
Name and Title:	Name and Title: Address: Name and Title:	PR 30 PH 1: 40
Name and Title:	Name and Title:	PR 30 PM 1: 40

Name a	nd Title:	Name and Title:
Addres	s	Address:

	REGISTERED AGENT	da Van Angelon and a sample of the control of the c
ie <u>name and r</u> ame:	Torida street address (P.O. Box NOT acceptate Eric G. Carlson	ne) of the registered agent is:
ddress:	4326 26th ave n	
	Saint Petersburg, FL 33713	75 15 15 15 15 15 15 15 15 15 15 15 15 15
RTICLE VII	INCORPORATOR	FR 30
e <u>name and a</u>	ddress of the Incorporator is:	
Name:	Eric G. Carlson	
Address:	4326 26th ave n	
	Saint Petersburg, FL 33713	
fective date, if		(OPTIONAL) annot be more than five business days prior or 90 business
te: If the date		cable statutory filing requirements, this date will not be listed as ords.
ving been na s certificate, I	med as registered agent to accept service of pr am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	<u>'</u> \(\(\)	04/28/15
	Required Signature/Registered Agent	Date
ibmit this doc unent to the	curpent and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
()		04/28/15
Requ	ired Signature/Incorporator	Date