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(Re	equestor's Name)			
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	COLOR ETC. LTD.			
SCDJECT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	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 of Status DPY REQUIRED	
FROM:	BETH LEVI	TT		
r kowi.	Name (Printed or typed)			
	P.O. BOX 896			
		Address		
	COMMACK, NY 117	725-0896		
	City	, State & Zip		

(631) 462-0220

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

Daytime Telephone number

TOTALMANAGEMENTANDTAX@YAHOO.COM

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



April 30, 2015

BETH LEVITT P.O. BOX 896 COMMACK, NY 11725-0896

SUBJECT: COLOR ETC. LTD. Ref. Number: W15000030722

We have received your document for COLOR ETC. LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 915A00008937

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



ARTICLE I NAME	FILED
he name of the corporation shall be: COLOR ETC.	15 MAY -5 PM 1:47
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address if different is:
• • • • • • • • • • • • • • • • • • • •	Mailing address, if different is: SECHE IVITY OF STATE TALLAHASSEE, FLORIDA
5050 CHAMPION BLVD.	CALLACTASSEE, FI DOIDA
BOCA RATON, FLORIDA 33496	
,	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ROFESSIONAL CORPORATION
the purpose for which the corporation is organized is.	
The number of shares of stock is: 100 NON PAR VA	
Name and Title: JOHN GIRLANDO-PRESIT	DENT Name and Title:
Address 6533 KINGS CREEK TERRACE	E Address:
BOYNTON BEACH, FLORIDA 33437	
DOTATON BEACH, TECHNOLOGY	
Name and Title:	Name and Title:
Address	Address:
	
·	
Name and Title:	Name and Title:
Address	Address:



Name and Title:	Name and Title:	15 MAY -5 PM 1:47
Address	Address:	SECRETARY OF STATE TAILAHASSEE FLORIDA
		Contraction of the Contraction o
	<u> </u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: JOHN GIRLANDO		
Address: 6533 KINGS CREEK TERRACE	-	
BOYNTON BEACH, FLORIDA 33437		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: <u>BETH_LEVITT</u>		
Address: P.O. BOX 896		
COMMACK, NY 11725-0896		
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg		
John Den		4/22/15
Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon		
Roon Leines		4/22/15
Required Signature/Incorporator		Date