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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PAINT 2 CREATE INC.**

Certificate of Status	0
Certified Copy	0
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AUG 13 2015

S. GILBERT

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## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I      NAME**

The name of the corporation shall be:

PAINT 2 CREATE INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1637 BONEVENTURE BLVD  
WESTON, FLORIDA 33326

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV      SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
ROBYN FISHER GALLO  
1637 BONEVENTURE BLVD  
WESTON, FLORIDA 33326

FILED  
15 AUG 12 PM 12:41  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA

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PAGE 2 PAINT 2 CREATE INC.

**ARTICLE VI REGISTERED AGENT**

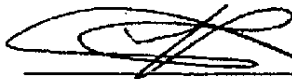
The name and Florida street address of the registered agent is:

ROBYN FISHER GALLO  
1637 BONEVENTURE BLVD  
WESTON, FLORIDA 33326

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

ROBYN FISHER GALLO  
1637 BONEVENTURE BLVD  
WESTON, FLORIDA 33326



ROBYN FISHER GALLO / Registered Agent

08/10/15  
Date

*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.*



ROBYN FISHER GALLO / Incorporator

08/10/15  
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.*

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