## 1500009146

(Requestor's Name)			
(Ad	dress)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	<b>⇒</b> #)	
PICK-UP	WAIT	MAIL	
/Bu	siness Entity Nan	na)	
(Du	Silless Entity Nati	nej	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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11/02/15--01033--019 \*\*70.00

## **COVER LETTER**

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

SUBJECT: CUSTOM POINT	Striping, Inc
(PROPOSED CORPORA  Enclosed are an original and one (1) copy of the arti	
\$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status	□ \$78.75  Filing Fee  & Certified Copy  & Certificate of Status
FROM: Kyla Rungo	ADDITIONAL COPY REQUIRED
3201 OXF0x8	(Printed or typed)  Address
Bridenton City,	FL 34205 State & Zip
Daytime T  hypera a C	osis elephone number  moil. com

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)

ARTICLE I NAME The name of the corporat	ion shall be: Custom Paint S	HIDING IN	U	
	IPAL OFFICE Principal <u>street</u> address	N	Mailing address, if different is:	
3201 OXF Brodentor	ord Drive West FL 34205			<del>-</del>
ARTICLE III PURPO The purpose for which the	NSE ne corporation is organized is: <u>Ony</u> (	and on lo	whil bisiness	
			<b></b> 5	100 200 200 200 200 200 200 200 200 200
			-2	ARK OF STA
ARTICLE IV SHARE The number of shares of	stock is: 50	<del></del>	89 10187	5 M
ARTICLE V INITIA  Name and Title	LOFFICERS AND/OR DIRECTORS	Name and Title:	Frankie Rungo I	)
Address	3201 OXFMO ON W Brodenton FL 34205	_ Address:	3201 OxFord Dru Brodenton FL 34	
N 1779				<u> </u>
Address		_ Address: _		
Name and Title:				
Address				
	•			

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:
1.1.0	
Address: 370 Oxford Dr W	
Brobenton FL 34205	ت
ARTICLE VII INCORPORATOR	<del>15</del>
The name and address of the Incorporator is:	TO PER SECOND
16.14. 8	TAR -2
Name: VYIA CVNAD	2000 2000 2000
Address: 320 0xfor0 Dr W	AM II:
Brolenton FL 34205	80 31.0 31.0
ARTICLE VIII EFFECTIVE DATE:	<i>်</i> ဂ
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot days after the filing.)	be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable s	tatutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of process	
this certificate, I am familiar with and accept the appointment as regi	stered agent and agree to act in this capacity
Required Signature/Registered Agent	
	Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	
hall a hula Rmao	11/27/19
Required Signature/Incorporator	Date