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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (800)221-2972

Fax Number

: (888) 692-9256

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

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FLORIDA PROFIT/NON PROFIT CORPORATION SAVIANO PAINTING INC.

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ARTICLES OF INCORPORATION (Fig. 1) In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal street address Mailing address, if different is: 5 NW 22ND ST RGATE, FL 33063 PICLE III PURPOSE purpose for which the corporation is organized is: HOUSE PAINTING PURPOSE purpose for which the corporation is organized is: HOUSE PAINTING PURPOSE purpose for which the corporation is organized is: NUCLE IV SHARES 200 PURPOSE purpose for which the corporation is organized is: NUCLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address 7645 NW 22ND ST Address: MARGATE, FL 33063	name of the corporati	ion shall be:		
INCLE III PURPOSE purpose for which the corporation is organized is: HOUSE PAINTING PICLE IV SHARES 200 number of shares of stock is: INCLE V INITIAL OFFICERS AND OR DIRECTORS Name and Title: Name and Title: Address Name and Title:	TICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		
PULLE IV SHARES purpose for which the corporation is organized is: HOUSE PAINTING				
Name and Title:		0.77		
Name and Title:				
Name and Title: Name and T				
Address 7645 NW 22ND ST Address: MARGATE, FL 33063 Name and Title: Name and Title: Address Address: Name and Title: Name and Title:	number of shares of strickers of strickers	tock is: OFFICERS AND/OR DIRECTORS		
Name and Title: Address Address: Name and Title: Name and Title: Name and Title:		7645 NW 22ND ST		
Name and Title: Address: Address: Name and Title: Name and Title: Name and Title:	-	`	<u></u>	
Name and Title:	Name and Title:_		Name and Title:	
	Address _		Address:	
	-			
Address Address:	Name and Title:			
	_		Name and Title:	

Name a	and Title:	Name and Title:
Addre	55	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acco	entable) of the registered agent is:
Name:	ANTONIO SAVIANO	F, v
Address:	7645 NW 22ND ST	
Aguitoss.	MARGATE, FL 33063	·
<u>ARTICLE VII</u>	INCORPORATOR	
The name and s	address of the Incorporator is:	
Name:	ANTONIO SAVIANO	
Address:	7645 NW 22ND ST	
714110037	MARGATE, FL 33063	
Effective date, in (If an effective days after the f	lling.)	ed cannot be more than five business days prior or 90 business of the prior of 90 business of
Having been this certificate	named as registered agent to accept service of I am familiar with and accept the appointmen Required Signature/Registered Ag	process for the above stated corporation at the place designated in it as registered agent and agree to act in this capacity ALLAB Date
I submit this d document to t	iocument and affirm that the facts stated here the Department of State constitutes a third degree M	tin are true. I am aware that the false information submitted in a see felony as provided for in s.817.155, F.S. 9/Lb//6
Re	quired Signature/Incorporator	Date