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To:

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

From:

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FLORIDA PROFIT/NON PROFIT CORPORATION CUSTOM PAINT BY WOOD DOCTOR INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 DEC 10 PM 2:57

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

*EFFECTIVE 1-1-2019***ARTICLE I NAME:** The name of the corporation is:*Custom Paint by Wood Doctor inc***ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

*5087 Salerno St**Ave Maria FL, 34142***ARTICLE III SHARES:** The number of shares of stock is: *100***ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:***MILTON O GIL**P.**OLYAN GIL**Vp.***ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

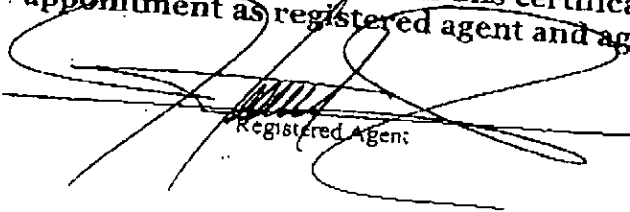
*MILTON O. GIL**5087 SALERNO ST**Ave Maria, FL. 34142***ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:*MILTON O. GIL**5087 SALERNO ST.**Ave Maria, FL. 34142*

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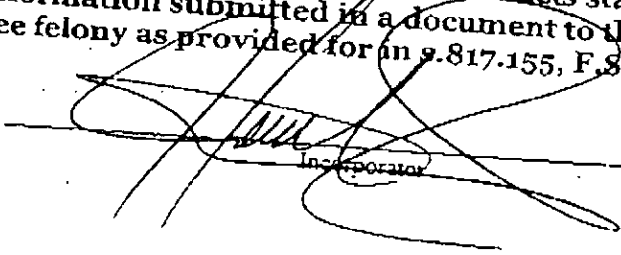
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Required Signatures:

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


Registered Agent12-10-18
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 9.817.155, F.S.


Incorporator12-10-18
Date

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS