## P19000031113

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| hA)                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only

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## **COVER LETTER**

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

| SUBJECT:  | Progress Po                                  | ZINTINO<br>TE NAME - MUST INCLI   | UDE SUFFIX)  |  |
|---|--|---|--|--|
|   | (PROPOSED CORPORA                            | TE NAME – MUST INCLI  | JDE SUFFIX)  |  |
| Enclosed are an orig  | inal and one (1) copy of the arti            | cles of incorporation and   | d a check for:   |  |
| ☐ \$70.00<br>Filing Fee   | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO                          | S87.50 Filing Fee. Certified Copy & Certificate of Status  PY REQUIRED |  |
| FROM: Matale Peter Name (Printed or typed)  P. O. Box 455 Address |  |   |  |  |
| <u></u>   | 154 - 234<br>Daytime T                       | State & Zip  - 1957 elephone number  [abo. 694] Afor future annual report i | notification)  |  |

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 corporation shall be:  | Painting Inc.                     |                          |
|---|-----------------------------------|--------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address  | Mailing address, if different is: |                          |
| 564 Breckenridge Uly #2   | 7.0. Box 455                      |                          |
| Altamonte Spings 71.327   | 4 Winter tark Th.                 | <u>32.11</u> 0           |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is: 6  building exterior. | pressure which + pa               | int_                     |
|   |                                   |                          |
| <del></del>   |                                   | <del></del>              |
|   |                                   |                          |
|   |                                   |                          |
| ARTICLE IV SHARES The number of shares of stock is: 100   | <del></del>                       |                          |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR  | _                                 |                          |
| 202   | Name and Title:Address:           |                          |
| Winter Park T.  | 32790                             |                          |
| ·   |                                   | <u> </u>                 |
| Name and Title:   | 58. 6                             | 7 3<br>7 3<br>7 3<br>7 3 |
| Address   | 0.00                              | - 3 - 3 -                |
| <del>-</del>  | 707<br>307                        | ein.                     |
| Name and Title:   | 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) Name:   | ) of the registered agent is:                                    |   |           |
| Address: 564 Breckenridge Vlg +   | 4208   |   |           |
| Altanonte Springs The   | <u>2</u> 714   | 19 I  |           |
| ARTICLE VII INCORPORATOR  |  | MAR   |           |
| The name and address of the Incorporator is:  |  | <u> </u>  |           |
| Name: Matake Peter  | _  | A. C.   | ::5<br>}; |
| Address: 564 Breckensider 110   | x4208  | 9: 0t   |           |
| Altamonte Springs 7   | 7.32714  |   | •         |
| ARTICLE VIII EFFECTIVE DATE:  |  |   |           |
| Effective date, if other than the date of filing:   |  |   |           |
| Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records  |  | s, this date will not be listed a                   | ıs        |
| Having been named as registered agent to accept service of proce<br>this certificate, I am familiar with and accept the appointment as re | ss for the above stated corpor<br>egistered agent and agree to a | ration at the place designated act in this capacity | f in      |
| RAG   |  | 2-27-19   |           |
| Required Signature/Registered Agent   |  | Date  | _         |
| I submit this document and affirm that the facts stated herein ard<br>document to the Department of State constitutes a third degree felo |  |   | n a       |
| land letel  |  | 2-27-19   |           |
| Required Signature/Incorporator   | <del></del>  | Data  | _         |