Dunkman Paint

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl., 32314

Dear Sirs:

Please find enclosed Articles of Incorporation for Dunkman Paint & Wallcovering, Inc. Also, you will find and official check in the amount \$122.50 payable to the Secretary of State for all fees for incorporation.

Please mail return copies to the attention of Mr. D. Daniel Dunkman, Dunkman Paint & Wallcovering, 525 Silvergate Loop Lake Mary, Fl., 32746.

Thank you for your consideration.

li u D. Daniel Dunkman

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ARTICLES OF INCORPORATION

DUNKMAN PAIN (name of corporation, natural person(s) competing to contract, hereby for a corporation under the laws of the State of Florida. **IRTICLE I - CORPORATE NAME** The name of the corporation is: WALLCOVERING, INC. PAZNI DUNKMAN ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law, ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 ONE shares ( **500** ) of Dollar(s) (\$ / 00 ) par value Common Stock, which shall be designated "Common Shares." ARTICLE V . INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: ANIEL DUNKMAN NAME 525 SILVERGATE ADDRESS LOOP ZIF 32746 CITY AR√ FLORIDA The principal office, if known, or the mailing adress of the corporation is: WALLCOVERING. PATNT \$ NAME Silvergate ADDRESS -DOP MARY 32746 -KF CTIY FLORIDA ZIP ARTICLE VI - INITIAL BOARD OF DIRECTORS This corporation shall have ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows: ANIEL DUNKMAN NAME SILVERGATE LOOP ADDRESS FL. AKE MARY ZIP 32746 CILA STATE NAME ADDRESS CILA STATE Zæ NAME ADDRESS

FORM 215: ARTICLES OF INCORPORATION, PAGE 1

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ARTICLE VII • INCO	KPORATORS	
The names and addresses of the incorporators signing these	Articles of Incorporation	are as follows:
NAMIS D. DANZEL DUNKMAN		
ADDRESS 525 SILVERGATE LOU?		
CTIY LAKE MARY	STATE FL.	111 32746
NAMIS		
ADDRESS		
נדוץ	SIATU	21P
NAME		
ADDRESS		***
	<u>51A74</u>	211

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this <u>2214</u> day of <u>Jebruary</u>, 19<u>96</u>.

James (Scal)

(Scal)

(Scal)

STATE OF FLORIDA

COUNTY OF\_\_\_

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before me, a Notary Publi, authorized to take acknowledgments in the State and County set forth above, personally appeared:

Signature	Form of Identification
Signature	Form of Identification
Signature	Form of Identification
known to me and known to be the person(s) who	executed the foregoing Articles of Incorporation, who acknowledged before
known to me and known to be the person(s) who me thatexecuted these Artick named person as indicated opposite each name NGTARY RUBBER STAMP SEAL	executed the foregoing Articles of Incorporation, who acknowledged before es of Incorporation, that I relied upon the formof identification of the above me, and that an eath was not taken. Witness my hand and official seal in the County and State last a foresaid this 

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT

OF

DUNKMAN PAINT & WALLCOVERING, (name of corporation) INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

525 SILVERGATE LOOP at LAKE MARY, FL. 32746 D. DANIEL DUNKMAN

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

renicered agent

CER TIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

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