

96 OCT 17 PH 3:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CTATE OF FLORIDA DIVIDIOU OF CORPORATIONS P.O. BOX 6307 TALLAHAGGEF FLORIDA 30314

600001979516--5 -10/17/96--01040--016 \*\*\*\*122.50 \*\*\*\*122.50

### **GENTLEMEN:**

EMCLOSED PLEASE FIND ARTICLES OF INCORPORATION FOR COMPLETE PA AND RESTORATION, INC. ALONG WITH OUR CHECK IN THE AMOUNT OF \$122.50 TO COVER THE FILLING COST OF THIS CORPORATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT US AT THE ABOVE ADDRESS OR TELEPHONE NUMBER.

THANK YOU,

**ACCOUNTING** 

LISA J. DARBRO

OH 1,7/56

BOOKKEEPING • TAX SERVICES • FINANCIAL STATEMENTS

#### ARTICLES OF INCORPORATION

OF

FILED

COMPLETE PAINTING & RESTORATION, BUCCT 17 PM 3:51

COMPLETE PAINTING & RESTORATION, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

#### ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: COMPLETE PAINTING & RESTORATION, INC. ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WILL ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

# ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES. THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

### ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE DISSOLVED BY ACTION OF LAW.

ARTICLE V: PLACE OF BUSINESS

INITIAL REGISTERED OFFICE INITIAL REGISTERED AGENT

THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION

IN THE STATE OF FLORIDA IS:

PLACE OF BUSINESS

1842 SW 40TH TERRACE SUITE 5

NAPLES FLORIDA 33416

REGISTERED OFFICE

1842 SW 40TH TERRACE SUITE 5

NAPLES FLORIDA 33416

THE INITIAL REGISTERED AGENT IS:

DONALD A HANDO

1842 SW 40TH TERRACE SUITE 5

NAPLES FLORIDA 33416

ARTICLE VI: DIRECTOR

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS

FOLLOWS:

NAME

DONALD A HANDO

ADDRESS

1842 SW 40TH TERRACE SUITE 5

NAPLES FLORIDA 33416

CONWAY BENNETT

1842 SW 40TH TERRACE SUITE 5

NAPLES FLORIDA 33416

# ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME DONALD A HANDO ADDRESS
1842 SW 40TH TERRACE SUITE 5
NAPLES FLRORIDA 33416

# ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

| IN WITNESS  | WHEREOF, | I HAVE | HEREUNTO      | SET M | Y HAND | AND | SEAL | THIS |       |
|-------------|----------|--------|---------------|-------|--------|-----|------|------|-------|
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## ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME CONWAY BENNETT ADDRESS
1842 SW 40TH TERRACE SUITE 5
NAPLES FLRORIDA 33416

## ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

| IN WITNESS WHEREOF, I HAVE HER | EUNTO SET MY HAND AND SEAL THIS |
|--------------------------------|---------------------------------|
| DAY OF SLOTIN                  | <u>Oll</u> , 1990               |
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|                                | //                              |
|                                | U                               |

I, DONALD A HANDO , UNDERSIGNED DO ACKNOWLEDGE THAT I AM

FAMILIAR WITH THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A

CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

COMPLETE PAINTING & RESTORATION, INC.

-----(SEAL)

SECRETARY OF STATE A

| STATE OF FLORIDA  | )      |
|-------------------|--------|
|                   | ) ០៩ : |
| COUNTY OF COLLIER | )      |

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

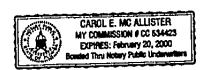
## DONALD A HANDO

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

| WITNESS   | MY | HAND | AND | OFFICIAL      | SEAL | THIS | 27եր | _DYA | OF |
|-----------|----|------|-----|---------------|------|------|------|------|----|
| September |    |      | ,   | <b>19</b> 96. |      |      |      |      |    |

NOTARY PUBLIC -STATE OF FLORIDA (Carol E. McAllister)

MY COMMISSION EXPIRES:



| STATE OF FLORIDA        | )   |
|-------------------------|---|
|                         | ) 861   |
| COUNTY OF COLLIER       | )   |
|                         | THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC |
| DULY AUTHORIZED IN THE  | STATE AND COUNTY ABOVE NAMED TO TAKE          |
| ACKNOWLEDGEMENTS, PERSO | ONALLY APPEARED                               |
|                         | DONALD A HANDO                                |
| TO ME KNOWN TO BE THE I | PERSON DESCRIBED AS REGISTERED AGENT AND WHO  |
| DID HEREBY ACCEPT AS RI | EGISTERED AGENT.                              |
| WITNESS MY HAND A       | ND OFFICIAL SEAL THIS 27th DAY OF             |
| September               | _, 1996.                                      |

MY COMMISSION EXPIRES:

(Carol D. McAllister)



| •   |
|---|
| STATE OF FLORIDA )  |
| ) ១១ :  |
| COUNTY OF COLLIER )   |
| I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC      |
| DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE         |
| ACKNOWLEDGEMENTS, PERSONALLY APPEARED                               |
| CONWAY BENNETT  |
| TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID |
| EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.                    |
| WITNESS MY HAND AND OFFICIAL SEAL THIS 27th DAY OF                  |
| Soptombor , 1996.   |
|   |
| Care a meallester   |
| NOTARY PUBLIC -STATE OF FLORIDA (Carol E. McAllister)               |

MY COMMISSION EXPIRES:

