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TRANSMITTAL LETTER

FILED
97 OCT 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

SPRAYON, INC

(Proposed corporate name - must include suffix)

000002329690--8
-10/27/97--01013--004
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

ROBERT FARR

Name (Printed or typed)

8600 139TH ST

Address

SEMINOLE, FLORIDA 33776

City, State & Zip

813-595-7090

Daytime Telephone number

P. O. BOX 6327

OCT 28 1997

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SPRAYON INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8600 139TH ST
SEMINOLE, FLORIDA 33776

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROBERT FARR
8600 139TH ST. SEMINOLE, FLORIDA 33776

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERT FARR
8600 139TH ST
SEMINOLE, FLORIDA 33776

Robert Farr
Signature/Incorporator

10/20/97
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert Farr
Signature/Registered Agent

10/20/97
Date

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TALLAHASSEE, FLORIDA