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TRANSMITTAL LETTER

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

100002331851--1 ,-10/28/97--01077--021 ****131.25 ****131.25

SUBJECT: DOUG GIL (Prop	MORE SPRAY-TEXTURE, INC. posed corporate name - must include suffix)	
Enclosed is an original arfor:	ad one (1) copy of the articles of incorporation \$78.75 \$122.50 \$131.25	
FROM:	MICHAEL HARRIS Name (printed or typed)	97 OCT 28 SECRETARY TALLAHASSE
	3937 Elvira Ct. Address	
	NEW PORT RICHEY, FL 34655	3. 01 STATE LORIDA
	City, State & Zip	
	813-376-6507	

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

Daytime Telephone number

Out 19/5/2/01

ARTICLES OF INCORPORATION

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

ARTICLE | NAME

The name of the corporation shall be:

DOUG GILMORE SPRAY-TEXTURE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10534 MOON LAKE RD. NEW PORT RICHEY, FL 34654

ARTICLE III SHARES

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

100,000 of common stock at no-par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NANCY ENTWISTLE 9321 JARMAN LANE PORT RICHEY, FL 34668

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL HARRIS 3937 ELVIRA CT. NEW PORT RICHEY, FL 34655

The undersig	ned incorporator	r(s) has(have) executed	these Articles of Incor	poration this
	27th day of	fOCTOBER	, 19 <u>97</u> ,	
		AM		
		Signature		
		Signature		
		Signature		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name	of the corporation is:_	DOUG GILMORE	SPRAY-TEXTURE,	INC.	
2. The name and address of the registered agent and office is:					
NANCY ENTWISTLE				TAR TAR	
(Name)			Y OF	· <u> </u>	
	9321 JARMAN	LANE		FIST S	ك
-	(P.	O. Box not acceptat	ole)		
	PORT RICHEY	, FL 34668		D- '	
		The name and address of the rename and address of the rename NANCY ENTWI	The name and address of the registered agent and NANCY ENTWISTLE (Name) 9321 JARMAN LANE	The name and address of the registered agent and office is: NANCY ENTWISTLE (Name) 9321 JARMAN LANE (P.O. Box not acceptable)	NANCY ENTWISTLE (Name) 9321 JARMAN LANE (P.O. Box not acceptable)

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.

(City/State/Zip)

Macy Estaistle NANCY ENTWISTLE

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL