P9800001295

DARK STAR COATINGS INC.

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

7**00002389930** -01/05/98--01105--005 8****122.50 *****

SUBJECI:	(Proposed corporate name - must include suffix)			
Enclosed is an original	and one(1) copy of the article	es 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 CO	PY REQUIRED	
FROM: _	SALVATORE Name (P	Lomo NAC o	···	
		STATE AVE	98 JAN -5 SECRETARY TALLAHASSE	
_	•	State & Zip	AM 9: E,FLOR	
_		74-8938 Telephone number	34 IDA	

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

ne 1/7/98

FILED

ARTICLES OF INCORPORATION

98 JAN -5 AM 9: 35

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

ARTICLE	I	NAME
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The name of the corporation shall be:

DARK STAR COATINGS INC.

ARTICLE II PRINCIPAL OFFICE

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

1187 B STATE AVENUE, HOLLY HILL FL 32117

ARTICLE III SHARES

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

1,000 (ONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SALVATORE LOMONACO 1187 B STATE AVE, HOLLY HILL FL 32117

ARTICLE V INCORPORATOR

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

SALVATORE LOMONACO
6211 YOSEMITE DRIVE, PORT GRANCE FL 32127

Signature/Incorporator

SALVATORE LO MONACO

YD - 4-

(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 proposition as registered agent

Signature/Registered Agent

/-2-98 Date

SALVATORE LOMONACO