

James + Sweet
1114 N. ...
Tallahassee
City/State/Zip Phone #
32303 222-3440

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. *Craftsman Painting & Specialty Coating Company, Inc.*
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☒ Profit

☐ NonProfit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/ Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Name Reservation

REGISTRATION/
QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

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RECEIVED
DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Call when ready
222-3440

Examiner's Initials

ARTICLES OF INCORPORATION
OF
CRAFTSMAN PAINTING & SPECIALTY COATING COMPANY, INC.

* * * *

ARTICLE I. NAME

The name of the corporation is CRAFTSMAN PAINTING & SPECIALTY COATING COMPANY, INC.

ARTICLE II. DURATION

This corporation is to exist perpetually.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any or all business now or hereafter permitted under the laws of the United States and Florida.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue 100 shares at \$10.00 par value common stock.

**ARTICLE V. INITIAL REGISTERED
OFFICE AND AGENT**

The corporate address and the street address of the initial registered office of this corporation shall be 1106-N Thomasville Road, Tallahassee, Florida 32303, and the name of the initial registered agent of this corporation at that address is LESLIE A. MCLEAN, II.

ARTICLE VI. INITIAL DIRECTORS

This corporation shall have no less than one nor more than five Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws, but until such time as the number is changed by the Bylaws, there shall initially be two Directors, and the affairs of the

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

corporation shall be managed by these two Directors: The names and addresses of the initial Directors of this corporation are:

LESLIE A. McLEAN, II

1106-N Thomasville Road
Tallahassee, Florida 32303

CLAUDIUS ALAN WALKER

2441 Monaco Drive
Tallahassee, Florida 32308

ARTICLE VII. INCORPORATORS

The names and addresses of the incorporators signing these Articles are:

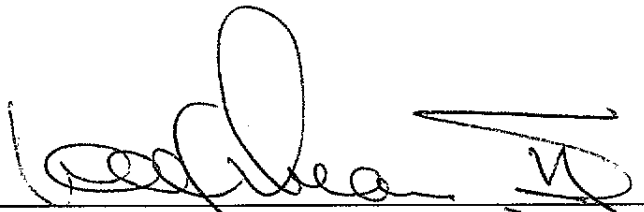
LESLIE A. McLEAN, II

1106-N Thomasville Road
Tallahassee, Florida 32303

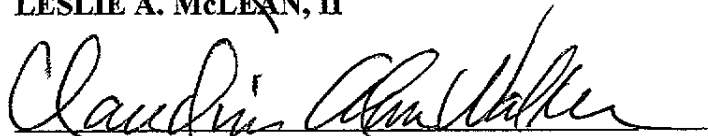
CLAUDIUS ALAN WALKER

2441 Monaco Drive
Tallahassee, Florida 32308

IN WITNESS WHEREOF, these Articles have been executed and subscribed to by the Incorporators signing below this 11th day of March, 1998.



LESLIE A. McLEAN, II



CLAUDIUS ALAN WALKER

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **LESLIE A. McLEAN, II**, the person described as Incorporator in and who executed the foregoing Articles of Incorporation. He ✓ is personally known to me, or _____ did produce a driver's license as identification.

WITNESS my hand and official seal in the County and State named above this 11 day of March, 1998.

Marilyn Rett
NOTARY PUBLIC

Name: _____

My commission expires _____



MARILYN RETT

MY COMMISSION # CC406881 EXPIRES

September 13, 1998

BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **CLAUDIUS ALAN WALKER**, described as Incorporator in and who executed the foregoing Articles of Incorporation. He ✓ is personally known to me, or _____ did produce a driver's license as identification.

WITNESS my hand and official seal in the County and State named above this 11th day of March, 1998.

Marilyn Rett
NOTARY PUBLIC

Name: _____

My commission expires _____



MARILYN RETT

MY COMMISSION # CC406881 EXPIRES

September 13, 1998

BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST -- That CRAFTSMAN PAINTING & SPECIALTY COATING COMPANY, INC.
desiring to organize and qualify under the laws of the State of Florida, with its registered office in
Tallahassee, Leon County, Florida, has named LESLIE A. McLEAN, II, located at 1106-N,
Tallahassee, Florida 32303, as its agent to accept service of process within Florida.

Having been named to accept service of process for the above-stated corporation, at the place
designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with
the provisions of all statutes relative to the proper and complete performance of my duties.

Signature: _____

LESLIE A. McLEAN, II

Date: _____

3/11/98

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA