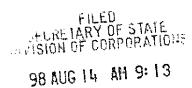
P9800071832

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		- 1	000026163 -08/14/98010 *****78.75 *	
SUBJECT: Sup	Proposed corpor	COATINGS, 2	TVC.	
Enclosed is an original at \$70.00 Filing Fee	nd one(1) copy of the article - \$78.75 Filing Fee	□\$122.50 Filing Fee	□ \$131.25 Filing Fee,	
TDOM	& Certificate L. B. Huck	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate PPY REQUIRED	
FROM:	Name (Pr	inted or typed) NS AVE . ddress		
Orlando FL 32805 City, State & Zip				

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

081898



ARTICLES OF INCORPORATION

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

Signature/Incorporator Date
Sen f V// _ 8-12-98
ORLANDO FL 32805
18 N. DOLLINS AVE.
L.B. Huckabee
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
ARTICLE V INCORPORATOR The name and address of the incompositor to these Articles of Incomposition are:
ORLANDO FL 32805
18 N. DOLLINS AVE
L.B. Huckabee
The name and Florida street address of the initial registered agent are:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
1000
· · · · · · · · · · · · · · · · · · ·
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE III SHARES
ORLANDO FL 32805
& NORTH DOLLINS AVE. STE # 18
The principal place of business and mailing address of this corporation shall be:
ARTICLE II PRINCIPAL OFFICE
Jopenior Thin & Contingent
Superior Paint & COATINGS, INC
The name of the corporation shall be:
ARTICLE I NAME

(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 de	
this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a	•
the provisions of all trustees relating to the morner millionnelste northymance of my duties and I am familiar with many	d accent the
the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent	a accept the
8-12-9	8

Signature/Registered Agent

Date