Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 300002674123--8 -10/28/98--01035--008 ******70.00 ******70.00

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losed is an origina i X \$70.00 Filing Fee	l and one (1) c \$78.75 Filing Fee & Certificate	#122.50 Filing fee & Certified Copy Additional Cop	\$131,28 Filling Fee, Carlified Copy & Carlificate	nd a checks oct 28 PM
FROM:	Name Name	PAINTING of typed)	SEND RO	副。 LO1#15
	- 3Ac	Address KSONVILL Ity, State & Zip		244
	•	904-228-9 a Telephone number		2 8 1998

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

P. Hall

Articles of Incorporation

	FILED
1. The name of the corporation shall be:	
W. E. PAINTING TNC. 2. The principal place of business and mailing address of the common	98 OCT 28 PM 3: 46 attories RETARY OF STATE AMASSEE, FLORIDA
3. The corporation shall have the authority to issue 500	shares of stock.
4. The registered agent of the corporation is <u>JAKE W. PH</u> registered street address is <u>US39 TOWNSEND RO</u> Florida JACKSONVIUE FO	LOTISI.
5. The initial Board of Directors shall have $\frac{2}{N}$ member(s) whose name is/are as follows: $\frac{34KE}{539}$ TOWNSEMDRO LOT 151 83 SACKSONVILLE FT 32244 J	OBERT E BURGETT
The number of directors may be raised or lowered by amendmenthe corporation but shall in no case be less than one.	ent of the bylaws of
6. The incorporator of this corporation is <u>JAKE PHILIPS</u> address is <u>6539 TOWNSEND</u> RD LOT 157 J	ST whose street ACKSONVIUE FZ 32244
Dated 10/26 198 Incorporator	

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 am familiar with and accept the obligations of my position as registered agent.

Dated 10/26/98

Registered Agent

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, 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.

1.	The name of the corporation is: W.E. PAWTING TNC
2.	The name and address of the registered agent and office is:
	6539 TOWNSEND RD LOT ISI
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	JACKSONVILLE FZ 30244

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.

(SIONATURE) (DATE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

