TRANSMITTAL LETTER

P9900065706

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

SUBJECT:	Color Me Gor	e. Inc.	·		
	(Proposed corpor	rate name - must include suf	ffix)		
			00002930: -07/14/990 *****87.50		
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for:	7	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	انال وو	
FROM:			AHASS		1
	Name (Pr	rinted or typed)	me	IT AM	ן כ
	124 Sea St	teppes Court	ELOAN BE	61 18 1	
	Jupiter, Flor				
	City,	State & Zip	•	_	
	561 - 741 - 170 Daytime To	○ろ elephone number	Particular III.		

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

T57/26/99

ARTICLES OF INCORPORATION

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

ARTICLE	I	NAME
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The name of the corporation shall be:

Color Me Gone, Inc.

ARTICLE II PRINCIPAL OFFICE

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

William F. Colwell 124 Sea Steppes Court Jupiter, Florida 33477

ARTICLE III SHARES

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

1000 Shares, no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Peggi Hearn 124 Sea Steppes Ct. ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: William F. Colwell 124 Sea Steppes Court Jupiter, Florida 33477.	SECRETARY OF STATE	99 JUL 14 AM 8: 49	FILED

William F. Colwell
Signature/Incorporator

7-12-99

(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 my position as registered agent

Signature/Registered Agent

Date