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

400003016544--9 -10/18/99--01064--003 \*\*\*\*\*78.75 \*\*\*\*\*78.75

MASTER PAINTS INC

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT L. GIANQUITTI
Name (Printed or typed)

10987 LA SALINAS CINCLE
Address

56/- 45/- 0979 Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE TALLAHASSEE, FLORIDA
SSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MASTER PANTS FILE.

### ARTICLE II PRINCIPAL OFFICE

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

10987 LA SALINAS CIRCLE Boca CATON, FLA. 33428

## <u>ARTICLE III SHARES</u>

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

- 100 -

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PORIENNE S. VIMON' 10987 LA SAUNAS CIR BOCA KATON, FUA 33428

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

KOBURT L. GIANQUITTI 10987 LA VALINAS CIK. BOUN KATON, FLA. 33428

Signature/Incorporator

8/20/99 Dec

(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

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Signature/Registered Agent

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