

P99000102504

Pleiman & Company  
9471 Baymeadows Rd. Ste 308  
Jacksonville, FL 32256  
(904) 448-5005 Fax (904) 448-9354

Division of Corporations  
400 E. Gaines Street  
Tallahassee, FL 32314

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-11/24/99--01001--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

November 22, 1999

Dear Kim:

Please find enclosed articles of incorporation application for East Coast  
Seminole Painting, Inc. If you would please fax to me after processing.  
Have a Great Thanksgiving!

Thank you,

*Yolley Dell*  
Pleiman & Company

Filing & cus

FILED  
99 NOV 23 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. Rolfe NOV 23 1999

## 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

The name of the corporation shall be:

East Coast Seminole Painting Service, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

9741 Baymeadows Road Ste 308  
Jacksonville, FL 32256

### ARTICLE III SHARES

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:

Thomas C. Pleiman, Jr.  
9471 Baymeadows Rd. Ste 308  
Jacksonville, FL 32256

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Thomas C. Pleiman, Jr.  
9471 Baymeadows Rd. Ste 308  
Jacksonville, FL 32256


  
Signature/Incorporator

November 18, 1999

Date

(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

11/21/99

Date

FILED  
99 NOV 23 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA