

PO3000140276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

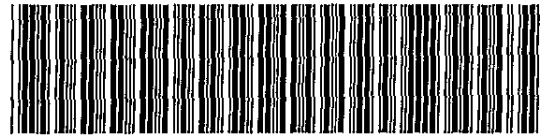
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Am 12/11

TRANSMITTAL LETTER

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

SUBJECT: W.O. Home Improvement, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: W.O. Home Improvement, Inc.  
Name (Printed or typed) Wladyslaw Ozimek  
21 Butternut Dr.  
Address  
Palm Coast FL 32137  
City, State & Zip  
386 446-7531  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION  
FOR**

**W.O. HOME IMPROVEMENT, INC.**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**W.O. HOME IMPROVEMENT, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

**PLACE OF BUSINESS:**

21 BUTTERNUT DR.  
PALM COAST, FL 32137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE.

**ARTICLE V INITIAL DIRECTORS (optional)**

The name(s), address(es) and title(s):

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

**ARTICLE VI INITIAL OFFICERS (optional)**

The name(s), address(es) and title(s):

WLADYSLAW OZIMEK  
PRESIDENT  
21 BUTTERNUT DR.  
PALM COAST, FL 32137

BARBARA OZIMEK  
VICE-PRESIDENT  
21 BUTTERNUT DR..  
PALM COAST, FL 32137

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TALLAHASSEE, FLORIDA

**ARTICLE VII REGISTERED AGENT**

The name and Florida street address of the registered agent is:

WLADYSLAW OZIMEK  
PRESIDENT  
21 BUTTERNUT DR.  
PALM COAST, FL 32137

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

WLADYSLAW OZIMEK  
PRESIDENT  
21 BUTTERNUT DR.  
PALM COAST, FL 32137

**ARTICLE XI TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE X PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

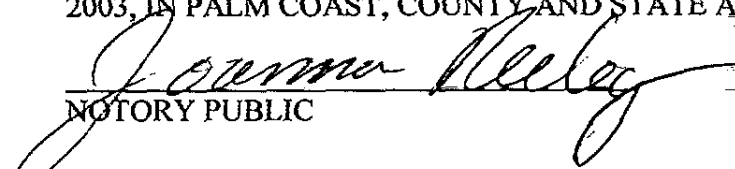
IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 13 DAY OF Nov, 2003.

  
WLADYSLAW OZIMEK

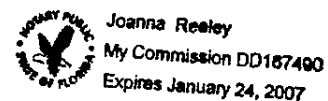
STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED WLADYSLAW OZIMEK, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 13 DAY OF Nov 2003, IN PALM COAST, COUNTY AND STATE AFORESAID.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



**ARTICLE VII REGISTERED AGENT**

The name and Florida street address of the registered agent is:

WLADYSLAW OZIMEK  
PRESIDENT  
21 BUTTERNUT DR.  
PALM COAST, FL 32137

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 13 DAY OF Nov. 2003.

  
WLADYSLAW OZIMEK


STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED WLADYSLAW OZIMEK, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 13 DAY OF Nov 2003, IN PALM COAST, COUNTY AND STATE AFORESAID.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

 Joanna Reeley  
My Commission DD167490  
Expires January 24, 2007

**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE W.S. Ornel  
TITLE PRESIDENT  
DATE 11.13.03

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA