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# TRANSMITTAL LETTER

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

SUBJECT:	C DOOLEYS INSTALLATIO				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	a check for:		
⅓ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	CALVIN C DOOLEY	e (Printed or typed)			
·	4605 VALERIE PL	Address	·		
	LUTZ, FL 33558				
	City, State & Zip				
	813-961-3563		·		
	Daytime	Telephone number			

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

# ARTICLES OF INCORPORATION

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

# ARTICLE I NAME

The name of the corporation shall be: C DOOLEYS INSTALLATION SERVICES INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4605 VALERIE PL LUTZ FL 33558

# ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL EQUIPMENT INSTALLATION

# ARTICLE IV

The number of shares of stock is:

500 SHARES

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CALVIN C DOOLEY

PRESIDENT

4605 VALERIE PL

LUTZ FL 33558

CONNIE DOOLEY

VICE PRESIDENT

4605 VALERIE PL

LUTZ FL 33558.

### ARTICLE VI REGISTERED AGENT

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

CALVIN C DOOLEY 4605 VALERIE PL LUTZ FL 33558 -

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CALVIN C DOOLEY 4605 VALERIE PL LUTZ FL 33558

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registere

Signature/Incorporator

Date

62-12-