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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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05 NOV 14 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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| Department of State | • | | | | |
| Division of Corporation | S | | | | |
| P. O. Box 6327 | | | | | |
| Tallahassee, FL 32314 | | | | | |
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| SUBJECT: | Uro Kraft / | Λ C . | | | |
| | (PROPOSED CORPORAT | 'E NAME - <u>MUST INCLU</u> | DE SUFFIX) | | |
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| Enclosed is an original a | nd one(1) copy of the articl | es of incorporation and a | check for: | | |
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| S70.00 Filing Fee | \$78.75 | 578.75 | ■ \$87.50 | | |
| 'Filmg ree | Filing Fee & Certificate of | Filing Fee & Certified Copy | Filing Fee, Certified Copy | | |
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| | Jararota FL 39231 | | | | |
| Sa-arota FL 34231 City, State & Zip | | | | | |
| 941 925-2099 | | | | | |
| Daytime Telephone number | | | | | |

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 10, 2005

LES GARD 7061 S. TAMIAMI TRAIL SARASOTA, FL 34231

SUBJECT: EUROKRAFT INC. Ref. Number: W05000046580

Euro Magic Inc.

We have received your document for EUBOKRAFT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Document Specialist New Filings Section

Letter Number: 005A00061544

Euro Magic Inc

| A DETECT TO OF INCORPORATION | |
|-------------------------------------------------------------------------------------------------------|------------------------------------|
| ARTICLES OF INCORPORATION | |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
| ARTICLE I NAME | 1 |
| The name of the corporation shall be: Eurokast Tac. Euro Ma | - 1/2 |
| Eurokast Tac. Euro Ma | 9,2 |
| Carolina 12. | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 4836 Southland Prive Sa-arota F | C 24231 |
| 7030 | 3 (6) |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| , , | a |
| Own and Operate a Remodeling | Business |
| | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 1000 Shares of stock is. | |
| | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | |
| The name(s), address(es) and title(s): | Es S |
| Joseph Varin | |
| 4836 Southland Orive | FILE! NOV 14 NETARY O |
| | 2888 1 |
| Sarasota FL 34231 | MON ≥ U |
| ARTICLE VI REGISTERED AGENT | N 8: STA: FLOR |
| The name and Florida street address of the registered agent is: | ATE 3 |
| Turent Varit | D |
| Jureph Varite 4836 Southland Price | |
| Saranta FL 34231 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Joseph Varin | |
| 4836 Sundeland Brive | |
| Sq-aruta Fc 34231 | |
| | ****** |
| Having been named as registered agent to accept service of process for the above stated corporati | on at the place designated in this |
| ertificate, I am familiar with and accept the appointment as registered agent and agree to act in the | is capacity |
| $\frac{1}{2}$ | 9/27/25 |
| Signature/Registered Agent | 9/27/05 Date |
| | / . |
| Ve i | 9/27/00 |
| Signature Incorporator | Date |
| | |