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COVER LETTER

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

SUBJECT: K. J. KRY	STYWALL INC.	
(PROPOSED CORPORA	TENAME MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of	
	Status	
	ADDITIONAL COPY REQUIRED	
FROM: Kenneth J. Ray Name (Printed or typed) 5071 Big OAK Rd. South		
507. 1513	Address	
SRINT August.	Ne FLORINA 32095 State & Zip	
904 891 Daytime To	6511 elephone number	
E-mail address: (to be used	om at Hotmail. Com	

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: K. J. RAY	Drywall Inc.		
ARTICLE II PRINCIPAL OFFICE			
5071 Big OAK Rd. 5041 5011 Big OAK Rd. 5041 50107 Rugustine FLorid	Mailing address, if different is:		
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is: TO INSTALL & FINISH	Orywall		
ARTICLE IV SHARES The number of shares of stock is: 555			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>es</u>		
Name and Title: Ke NNETH J. Ray: President Address: 5071 Big OAK Rd SOUTH 51. RUG. FL. 32095	Name and Title:		
Name and Title:	Name and Title:		
Address:			
Name and Title: Address:			
		٠ ــــ و	
ARTICLE VI REGISTERED AGENT	<u>-</u>	1 <u>45</u> 5	
The name and Florida street address (P.O. Box NOT acceptable) of Name:	f the registered agent is:	3 22	
Address: 5011 Big ONK Rd. So	with -		
ST. Rug. FL. 32095	_		
ARTICLE VII INCORPORATOR	=		
The name and address of the Incorporator is: Name: RANNETL J. RAN	•	= 4 <u>2</u>	
Address: 5071 Big OAK Rd. 50 51. Rug. FL. 32095	outh.	F . ~	
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			
40	19-1	3-11	
Required Signature Registered Agent	Date		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
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Required Spragare/Incorporator		<u>'3-//</u>	
v require apguaper/micorpolator	Dat	_ ,	