## P12000059837

(Requestor's Name)				
. (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



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SECRETARY OF SIGN

E Burch JUL = 9 2012

## **COVER LETTER**

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

SUBJECT: <u>PRESTIGE WALL SYS</u> (PROPOSED CORPOR	TEMS, INC
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the a	rticles of incorporation and a check for:
CK114	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of
	Status ADDITIONAL COPY REQUIRED
FROM: FREDERICK K. War	ne (Printed or typed)
1724 IRVING	6 ST
	Address
SARASOTA, F	1 34236
Cit	y, State & Zip
941-650-	7000
Daytime	Telephone number
Chipwalled	COMCAST-NOT
E-mail address: (to be us	sed for future annual report notification)

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 The name of the co	MAME			
		WALL SYSTER	15, INC	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing .	address, if different is:	
-	1724 IRVINGST			
	SARASOTA FL 34836			
-	3 7 8 3 6			
ARTICLE III	<u>PURPOSE</u>	•	₹ø →	
The purpose for which the corporation is organized is:		OF IT	<b>₹</b> 86 <b>₹</b> 3	
			높류 를	
			SE E	
			HAZ OF □	
ARTICLE IV			~ ~	
The number of shar	res of stock is: 100		3 M 3	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS		
	tle: FREPBRICK K WALL			
Address:	1724 IRVING ST			
	SAIBSOTAFL 34236			
Name and Ti	tle:	Name and Title:		
Address:				
N 170'	at .	N 100°.1		
Name and 11 Address:	tle:			
Address.				
	REGISTERED AGENT	1. \ . Cal !. A		
Name:	rida street address (P.O. Box NOT acceptable FREOEXICK K WAY	ie) of the registered agent is:		
Address:	1724 TAVING ST	<del></del>		
Tradit Cob.	SALASSTA , FL 342	36		
	•	<del></del>		
	INCORPORATOR			
The name and add Name:	ress of the Incorporator is: FREPORICE K WAV			
Address:	1724 FRUING ST	<del></del>		
radios.	SALASVIA FC 34	215		
	ed as registered agent to accept service of pr			
this certificate, I an	n familiar with and accept the appointment a	0 0	act in this capacity	
	Frederick K. Wall	n	1/29/1-	
			000110	
	Required Signature/Registered Agent		Date	
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the	e false information submitted in a	
	epartment of State constitutes a third degree f			
	7 15 111 1	0	111	
	truller K Week	V	6(29/18	
	Required Signature/Incorporator		Date	