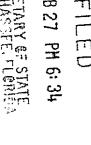
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# TRANSMITTAL LETTER

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

SUBJECT: Gon	nez Roof Decking, Inc.		
~~~	(PROPOSED CORPORA	TTE NAME – MUST INCL	ODE SUITAX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:
<b>\$70.00</b>	\$78.75	<b>□</b> \$78.75	<b>2</b> \$87.50
Filing Fee		Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY KEQUIKED
FROM: J	ose C. Gomez		
	Name	e (Printed or typed)	
	PO Box 309		
		Address	
	Astatula, FL 34705		
. •	City	, State & Zip	
	(407) 427-0192		<del></del>
	Davime	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:

Gomez Roof Decking, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 25017 Jefferson St. Astatula, FL 34705—physical address PO Box 309, Astatula, FL 34705—mailing address

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide rood decking services

#### ARTICLE IV SHARES

The number of shares of stock is: 1.000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Jose C. Gomez, President

#### ARTICLE VI REGISTERED AGENT

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

Jose C. Gomez 25017 Jefferson St. Astatula, FL 34705

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose C. Gomez 25017 Jefferson St. Astatula, FL 34705

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/Registered Agent

To se Cornez

Signature/Incorporator

Date

Date

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