

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

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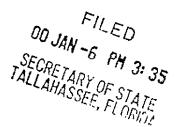
SUBJECT: Archway Custom Drafting, Inc.

I enclose an original and 1 copy of the Articles of Incorporation for the above corporation and a check in the amount of \$122.50.

SIGNED: Ama Sutton		
From:	-	
Gina Sulton	#1. d	
Name		
7514 Kavanda St.		
Address		
North Port FL State	34287 210	
City		
941-423-8266	<u> </u>	
Telephone Number		

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ARTICLES OF INCORPORATION OF Archway Custom Drafting, Inc.



ARTICLE I NAME

The name of the corporation shall be: Archway Custom Drafting, Inc..

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7514 Kavanda Street
North Port, FL 34287

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Gina Sutton 7514 Kavanda Street North Port, FL 34287

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Gina Sutton 7514 Kavanda Street
North Port, FL 34287

The unde	ersigned has executed these Articles of Incorporation	this <u>03</u>	_ day of
JAn	_ 2000.		

,Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is: Archway Custom Drafting, Inc.
- 2. The name and address of the registered agent and office is:
 Gina Sutton
 7514 Kavanda Street
 North Port, FL 34287

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Signature: X Ma

Title: X Priologn

Date: //3/00_

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:

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