TRANSMITTAL LETTER

0000006542 Department of Sta **Division of Corpolations** P. O. Box 6327 Tallahassee, FL 32314 Bob Snitker Carpentry, Inc. SUBJECT: (Proposed corporate name - must include suffix) 900003095779 -01/12/00--01041--012 *****87.50 *****87.50 . Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Kobert Snitker Name (Printed or typed) 3040 Kirby Dr. Titusville, FL 32796 City, State & Zip

F. CHROSEN JAN 2 1 1999

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

Daytime Telephone number

407-383-4827

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE I</u>	<u>NAME</u>
The name of the	composition

The name of the corporation shall be:

Bob Snitker Carpentry, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3040 Kirby Dr. Titusville, FL 32796

SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Q. Snitker 3040 Kirby Dr. Titusville R 32796

ARTICLE V **INCORPORATOR**

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Robert 9. Snitker 3040 Kirby Dr. Titusville, Fl 32796

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 of registered agent

Signature/Registered Agent