## P0000011930

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

SUBJECT: CASTLE HOME IMPROVEMENTS, INC.

(Proposed corporate name -must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$78.75 Filing fee and Certificate

FROM : TIMOTHY JAMES\_WILSON (Name)

5309 CONGO COURT

(Address)

CAPE CORAL, FLORIDA 33904 (City, State & Zip)

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

OO JAN 31 AM 10: 36
SECRETARY OF STATE

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

ARTICLE I T NAME

The name of the corporation shall be : \_

CASTLE HOME IMPROVEMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5309 CONGO COURT \_\_\_\_\_ CAPE CORAL, FL. 33904\_

ARTICLE III SHARES

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 STREET ADDRESS

The name and address of the initial registered agent is:

## ARTICLE V INCORPORATOR(S)

## See\_Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of the Incorporation is (are):

TIMOTHY JAMES WILSON .
5309 CONGO COURT \_\_\_\_\_
CAPE CORAL, FLORIDA 33904

The undersigned incorporator(s) has (have) executed these
Articles of Incorporation this:
25th day of JANUARY 2000

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

Temothy J. Wiles

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECHELANDI AMIO. 36 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: CASTLE HOME IMPROVEMENTS, INC.
- 2. The name and address of the registered agent and office is:

TIMOTHY JAMES\_ WILSON 5309 CONGO COURT CAPE CORAL, ELORIDA 33904

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.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314