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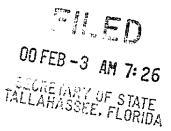
00 FEB -3 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SUBJECT: Sco	tt Ziélke's Custo		** *
Enclosed is an original	(Proposed con and one(1) copy of the arti	porate name - must include suf	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED
FROM: John E. Stamps CPA Name (Printed or typed) 1937 Grace Avenue			· · · · · · · · · · · · · · · · · · ·
Address Fort Myers, FL 33901 City, State & Zip			
	941-275-9997 Daytime	Telephone number	

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



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.

ARTICLE I NAME

The name of the corporation shall be:

Scott Zielke's Custom Woodworking, Inc.

ARTICLE II PRINCIPAL OFFICE

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

27289 High Seas Lane, Bonita Springs, FL 34135

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John E. Stamps CPA CFP, 1937 Grace Avenue, Fort Myers, FL 33901

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Scott A. Zielke, 27289 High Seas Lane, Bonita Springs, FL 34135

Signature/Incorporator

Scott A. Zielke

(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 as registered agent

Signature/Registered Agent

Jøhn E. Stamps CPA

1. WW

Date