

P00000030322

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

600003175366--2  
-03/20/00--01069--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: JEAN NICOLAS STUCCO, INC

(Proposed corporate name - must include suffix)

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

      \$70.00 Filing Fee         X   \$78.75 Filing Fee & Certificate

FROM: DIAN M EDWARDS

*Name (Printed or typed)*

1842 40TH TERR SW

*Address*

NAPLES, FL 34116

*City, State & Zip*

941-455-3047

*Daytime Telephone number*

## 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:

JEAN NICOLAS STUCCO, INC.

### ARTICLE II PRINCIPAL OFFICE

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

543 OAKHAVEN APT. 104  
IMMOKALEE FL 34142

### ARTICLE III SHARES

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

ONE HUNDRED (100 SHARES)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DIAN M EDWARDS  
1842 40TH TERR SW  
NAPLES, FL 34116

### ARTICLE V INCORPORATOR

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

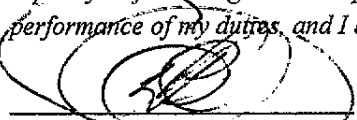
NICOLAS SELVANDIEU  
543 OAKHAVEN APT. 104  
IMMOKALEE FL 34142

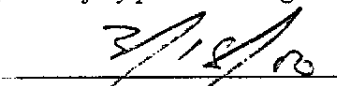
  
Signature/Incorporator

  
Date

(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

  
Date