

TRANSMITTAL LETTER

P00000031296

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

FILED
00 MAR 22 PM 4:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: PHOENIX MOLDING CONNECTION AND DESIGN, INC.
(Proposed corporate name - must include suffix)

700003180167--6
-03/22/00--01076--006
*****87.50 *****87.50

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

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL P. WEBSTER
Name (Printed or typed)

4021 S.W. 15 PL.
Address

CAPE CORAL, FL. 33914
City, State & Zip

(941) 540-9056
Daytime Telephone number

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

D. BROWN MAR 28 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAME

The name of the corporation shall be: PHOENIX MOLDING CONNECTION AND DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4021 S.W. 15 PL. CAPE CORAL, FL. 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1. TO BUY INTERIOR ARCHITECTURAL MOULDING AND RESELL TO HOME OWNERS AND CONTRACTORS. 2. OFFER A CONNECTION FOR HOME OWNERS TO CONTRACTORS AND CONTRACTORS TO SUPPLIERS.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are: MICHAEL P. WEBSTER
4021 S.W. 15 PL. CAPE CORAL, FL. 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: MICHAEL P. WEBSTER
4021 S.W. 15 PL. CAPE CORAL, FL. 33914

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

Signature/Incorporator

3-19-00

Date

3-19-00

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA