

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

EFFECTIVE DATE
5-10-00

200003250842--4
-05/12/00--01091--008
*****78.75 *****78.75

Suncoast Deck Doctors, Inc.

SUBJECT: _____
(Proposed corporate name - must include suffix)

FILED
00 MAY 12 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: **Shawn Schultz**
Name (Printed or typed)

492 Altair Road
Address

Venice, FL 34293
City, State & Zip

941-488-9593
Daytime Telephone number

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

S. Thompson MAY 17 2000

ARTICLES OF INCORPORATION

EFFECTIVE DATE
5-10-00

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:

Suncoast Deck Doctors, Inc.

ARTICLE II PRINCIPAL OFFICE

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

492 Altair Road
Venice, FL 34293

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shawn Schultz
492 Altair Road
Venice, FL 34293

ARTICLE V INCORPORATOR

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

Shawn Schultz
492 Altair Road
Venice, FL 34293

ARTICLE VI EFFECTIVE DATE

The effective date of this incorporation shall be:

May 10, 2000

Shawn E. Schultz
Signature/Incorporator

May 8, 2000

Date

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.

Shawn E. Schultz
Signature/Registered Agent

May 8, 2000

Date

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00 MAY 12 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA