TRANSMITTAL LETTER

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

D.O. DRYWALL OF TAMPA, INC. SUBJECT: _ (Proposed corporate name - must include suffix)

*****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

ADDITIONAL COPY REQUIRED

OM: REFER Robert ame (Printed or typed)

9403 N.Armenia Ave.

Address

Tampa, Florida 33612 City, State & Zip

1-813-936-9556 or 1-813-453-1956

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:

D.O.DRYWALL OF TAMPA, INC.

ARTICLE II PRINCIPAL OFFICE

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

8803 Bellcrest Ct. Tampa, Florida 33633

ARTICLE III SHARES

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

50 shares of common stock @ \$10.00 per share

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert Lyons 9403 N.Armenia Ave.

Tampa, Florida 3

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

Dwain Ogilvie 8803 Bellcrest Ct. Tampa, Florida 33633

Signature/Incorporator

(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 p^t ace 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