

CORPORATION(S) NAME

W.P. Verifier

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TRANSMITTAL LETTER

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

\$70.00	\$78.75	78.75 \$122.50	\$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		Additional Cop	y Required
; FROM:	<u>GELAN</u> Name	d. Glav e (printed or typed)	<i>16</i> 5
•	2802	NW 607	TER APPIS
	SUN	RISE Flux	104 33313
		ity, State & Zip	

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> **ARTICLE I** NAME

The name of the corporation shall be:

GFG CARPENTRY INC

PRINCIPAL OFFICE ARTICLEII

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

2802 NW 60 TER APP. 156 Summise F.M. 33313

> ARTICLE III SHARES

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

BRIAN LYNN Two South Univercity Drive STE 215 PLANTATION Florida 33324

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

he name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CENARD GREAVES, director, PRES, V.P., TREAS AND SERY, 2802 NW 60 TERMS6 SUNRISE FIR 33313

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: GFG CALPENTRY, INC
2.	The name and address of the registered agent and office is:
	BLIAN LYNN.
	Two South University Drives St 215 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Plantation Flokida 33324

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)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE 32314