POODOOOB4055

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

SUBJECT: PROG	RESSIVE DRYWALL OF (Proposed corpo	F WELLINGTON, INCorate name - must include su	ffix)	 -		
Enclosed is an original an	d one(1) copy of the article		000033090 -06/29/00-0 ****131.25 check for	16 <mark>59-</mark> 0	ਜ਼ਿ2 7.50	in the standard stand
\$70.00 Filling Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED	00 JUN 29	<u> </u>	в -
FROM:	M: GREG A. ISBELL Name (Printed or typed) 4950 SOUTH ROAD Address			M 9: 02	FILED	-20
	WELLINGTON, City,	FI. 33414 State & Zip				
	(561) 795-12 Daytime Te	282 elephone number				

France 2013 - July

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:

PROGRESSIVE DRYWALL OF WELLINGTON, INC.

ARTICLE II PRINCIPAL OFFICE

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

4950 SOUTH ROAD WELLINGTON, FL 33414

ARTICLE III SHARES

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

1,000 (one thousand shares)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

GREG A. ISBELL 4950 SOUTH ROAD

WELLINGTON, FL33414

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

GREG A. ISBELL 4950 SOUTH ROAD

33414 WELLINGTON, FL

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