

TRANSMITTAL LETTER

P010000001437

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

300003515753--3  
-12/28/00--01053--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: S & H Millwork, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Amanda R. Hershberger  
Name (Printed or typed)

16 N. Maple Street  
Address

Fellsmere, FL 32948  
City, State & Zip

(561) 571-0338  
Daytime Telephone number

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

00 DEC 28 PM 1:22

FILED

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

1. Bureau

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# 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:

S & H Millwork, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16 North Maple Street  
Fellsmere, FL 32948

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

500 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Amanda R. Hershberger  
16 N. Maple Street  
Fellsmere, FL 32948

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Amanda R. Hershberger  
16 N. Maple Street  
Fellsmere, FL 32948

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amanda R. Hershberger  
16 N. Maple Street  
Fellsmere, FL 32948

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Amanda Hershberger  
Signature/Registered Agent

12-15-00  
Date

Amanda Hershberger  
Signature/Incorporator

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 DEC 28 PM 1:22

FILED