## · P01000010992

## TRANSMITTAL LETTER

Department of Division of Co P.O. Box 6327 Tallahassee, F	orporations	· · ·	- 3000035900 -01/29/01010 *****87.50 *	734 95021 ****87.50
SUBJECT:	Florida Interior Woodwe	orking. Inc.		
	(proposed corp	porate name – must include suffix)	· · · F -	<del></del>
	riginal and one (1) copy of the ar	ticles of incorporation and a	check for:	
□\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO		A LOS PARIO: 12
FROM:	Florida Interior W Name (Printed of	Voodworking, Inc.		P
	Address Address			Elitabeth Bi
	Coral Springs, Fl City, State & Zip	33071		, :- :- <del>-</del>
	(954) 753-7957			2.4
	Daytime Telephone number			• •

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

10,00

## 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:

Florida Interior Woodworking, Inc.

ARTICLE II PRINCIPAL OFFICE

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

BELLTHORN MEH.

5006 Bellphone Drive Orlando, Florida 32837

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:

Maureen Elizabeth Hey 5006 Bellphone Drive MeA. . Orlando, Florida 32837

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Maureen Elizabeth Hey 5006 Bellphone Drive Orlando, Florida 32837

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 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

SCORIES SEC. CORDS