

TRANSMITTAL LETTER
Pol000057643

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

SUBJECT: A & A REMODELING, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 11 PM 1:30

APPROVED
AND
FILED

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: HAROLD GUSTAVSSON
Name (Printed or typed)

300004397163--6
-06/11/01--01068--013

3952 TOWNSHIP 50 BLVD. #107
Address

ORLANDO, FL 32837
City, State & Zip

407-850-3999
Daytime Telephone number

PLEASE
SEEK
COUNSEL
IF YOU
ARE
HESITANT
TO
FILE
THIS
DOCUMENT
WITH
THE
STATE
SECRETARY
OF
STATE

01 JUN 11 PM 1:16

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

gjc/11

ARTICLES OF INCORPORATION

OF

A & A REMODELING, INC.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA CORPORATE ACT HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

**ARTICLE ONE
NAME**

THE NAME OF THE CORPORATION IS, A & A REMODELING, INC.

**ARTICLE TWO
DURATION**

THE TERM EXISTENCE OF THE CORPORATION IS PERPETUAL.

**ARTICLE THREE
PURPOSE**

THE CORPORATION MAY TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAYBE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT.

**ARTICLE FOUR
CAPITAL STOCK**

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION HAS AUTHORITY TO ISSUE IS ONE THOUSAND (1,000) ALL OF WHICH SHALL BE COMMON SHARES WITH NO PAR VALUE.

**ARTICLE FIVE
REGISTERED OFFICE**

THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE OF THE CORPORATION IS 3952 TOWNSHIP SQUARE BLVD. #1211, ORLANDO, FLORIDA 32837, AND THE REGISTERED AGENT AT SUCH ADDRESS IS HAROLD GUSTAVSSON. THE PRINCIPAL ADDRESS AND THE REGISTERED OFFICE ADDRESS IS THE SAME.

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TALLAHASSEE, FLORIDA

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**ARTICLE SIX
DIRECTORS**

THE BOARD OF DIRECTORS OF THE CORPORATION SHALL CONSIST OF ONE
(1) MEMBER. THE NAME AND ADDRESS OF THE FIRST BOARD OF
DIRECTORS IS:


HAROLD GUSTAVSSON, 3952 TOWNSHIP SQUARE BLVD. #1211, ORLANDO,
FLORIDA 32837.

**ARTICLE SEVEN
INCORPORATORS**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

HAROLD GUSTAVSSON, 3952 TOWNSHIP SQUARE BLVD. #1211, ORLANDO,
FLORIDA 32837

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND
RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION. IN
WITNESS WHEREOF, I HAVE SUBSCRIBED MY NAME THIS 10TH DAY OF
JUNE 2001.


HAROLD GUSTAVSSON
INCORPORATOR AND
REGISTERED AGENT

STATE OF FLORIDA)
SS:
COUNTY OF ORANGE) *Leov*

ON THE *10* DAY JUNE 2001, BEFORE ME A NOTARY PUBLIC, THE
UNDERSIGNED OFFICER PERSONALLY APPEARED HAROLD GUSTAVSSON,
KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE
WITHIN INSTRUMENT, AND ACKNOWLEDGED WHAT HE EXECUTED THE
SAME FOR THE PURPOSE THEREIN CONTAINED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL



Linda Jean Long
MY COMMISSION # CC931148 EXPIRES
August 3, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Linda Jean Long

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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