# PO TRAIMITAL LITTER 59999

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 01 JUN 13 PH 4: 07

SECRETARY OF STATE TALLAHASSEE FLORIDA

SUBJECT:	CT: Stonework Creations, Inc. (Proposed corporate name - must include suffix)				<del></del>
		18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	000004 -06/13 *****	<b>4184</b> 7010108 78.75 **	109 38024 ****78.75
Enclosed is an original	and one (1) copy of the articles of incor	poration and a chec	k for:		
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	X \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL C	COPY REQUIRED		
FROM: _	Tina M. Wright Name (Printed	or typed)			
-	342 Kenova St. Address				
-	Port Charlotte, FL 339: City, State & Z				e i de tie
-	941-380-9385 Daytime Telepl	none Number			— :L
		D. *	WHITE JUN 15	2001 2	,/

# ARTICLES OF INCORPORATION

The undersigned incorporator hereby adopts the following Articles of Incorporation in compliance with Chapter 621, F.S.

<b>ARTICLE</b>	I	NAME

The name of the corporation shall be:

Stonework Creations, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

342 Kenova St.

Port Charlotte, FL 33954

#### ARTICLE III SHARES

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

1,000 Shares

# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tina M. Wright

342 Kenova St.

Port Charlotte, FL 33954

### ARTICLE VI INCORPORATOR

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

Tina M. Wright 342 Kenova St.

Port Charlotte, FL 33954

SECRETARY OF STATE ALLAHASSEE FLORID.

Lia hWright
Signature/Incorporator

6/11/01

Date

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Juie Mudright
Signature/Registered Agent

| O | Date