\_\_ Division of Corporations

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# Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

ALL-PHASE DRYWALL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

## ARTICLES OF INCORORATION

OF

#### ALL-PHASE DRYWALL, Inc.

#### ARTILCE ONE

The name of the Corporation is All-Phase Drywall, Inc.

## ARTICLE TWO

The number of shares the corporation is allowed to issue is 1,000 with a 1.00 par value.

#### ARTICLE THREE

The street address of the initial registered office of the corporation is 417 W. Jefferson St., Brooksville, FL 34601.

#### ARTICLE FOUR

The name and address of the incorporator is: Joseph Janezic, 417 W Jefferson St Brooksville, FL 34601.

#### ARTICLE FIVE

The mailing address of the initial principle office of the corporation is 32444 Marchmont Circle Ridge Manor, FL 33523.

ARTICLE SIX

The Officer's are:

Gary Prunty - President Carol Prunty- Treasurer & Sectary

IN WITNESS WHEREOF, the undersign has executed these Articles of

Signature of Incorporator

6-26-0

Date

Incorporation.

## CERTIFICATE OF DESIGNATION

# REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office – registered agent, in the State of Florida.

1. The Name of the Corporation is:

## ALL-PHASE DRYWALL, INC.

2. The name and address of the registered agent and office is:

Joseph Janezic 417 W Jefferson Street Hernando County, Brooksville, FL 34601

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.

Joseph Janezic

0-26-0

Date

SECRETARY UP OR ATIONS
DIVISION OF CORPORATIONS