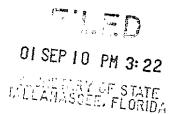
HO100090309 TRANSMITTAL LETTER



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

500004577295--6 -09/10/01--01025--014 *****78.75 *****78.75

SUBJECT: M	7. A. Martivez	Drywall nust include suffix)	INC.	. :
		•		
Enclosed is an origi	nal and one (1) copy of the ar	ticles of incorporati	on and a check for:	
☐ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy		
FROM: _	Miguel Alvarado Name (Printed of	MACTINE Z		
_	422 TArpon H	W.	<u> </u>	
	SArn Sofa City, State &	3423 ;		·
_	94/- State Daytime Telephone	955 - 729 Number	<u>to</u>	

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

A	RTICLES OF INCORP	ORATION	O/SEP/O	
_	Of		Of SEP 10	
m. A. MACH	(Name of corporation	TUC.	S. 7. 10 1	M 2.
The undersigned subscriber(contract, hereby form a corp	s) to these Articles of Incorpo	oration, natural person(s) c	ompetent to	, v. 22 / ³ ////
	ARTICLES I – CORPORAT	ΓΕ ΝΑΜΕ		CURIDA,
The name of the corporation M. A. MACTI		INC.		
	ARTICLES II – DURA			
This corporation shall exist p				
	ARTICLE III – PURP			
This corporation is organized under the law of the United S	I for the purpose of engaging States and the State of Florida	in any activities or busines	ss permitted	
	ARTICLE IV – CAPITAL	STOCK		
The corporation is authorized		shares		
Common Stock Doll designated "Common Shares	ar(s) (\$) par	value Common Stock, which	ch shall be	
avoignated Common Sharos				
	– INITIAL REGISTERED			
The principal office, if know			·	
ADDRESS	tine 2 Dry Wall	INCI		
CITY SAVASOTA	FLORIDA	ZIP 2 4	777	
The name and street address			237	
NAME Miguel	VACADO MACHINEZ			
ADDRESS 4/22	TArpon Ave.			
CITY SAVASOTA	FLORIDA	ZIP 34	237	
ARTIC	CLE VI – INITIAL BOARD	OF DIRECTORS		
This corporation shall have		nitially. The number of dir	ectors may	
be either increased or dimini	shed form time to time by the	By-Laws, but shall never	be less than	
one (1). The names and address	ess of the initial director(s) of	the corporation are as foll	ows:	-
	Ivarado MACHINEZ	33_		
ADDRESS 422	TArpon Ave.			
CITY SAVASOTA	FLORIDA	ZIP <u>34</u>	237	
NAME T. Snael	A. MACLINCZ	<u> </u>		
ADDRESS 2074	8 th 5t.			
CITY SAVASOTA	FLORIDA	ZIP 34.	237	
ADDRESS				
CITY	FLORIDA	ZIP		

ARTICLE VII – INCORPORATORS

This name and address of the incorporators signing these articles of Incorporation are as follows:

•			
NAME Miguel Alvarado	martine Z		
ADDRESS 422 TAGOO	. A.A.		
CITY SArASOTA	FLORIDA	ZIP 34237	
- 1	do martinez		
ADDRESS 20 74 8 5	54.		
CITY SAVASOTA	FLORIDA	ZIP 34237	
NAME		-	
ADDRESS			- '
CITY	FLORIDA	ZIP	
	ndersigned subscriber(s) ha	ave executed these Articles of Incorporatio	n
this the state of			
this 26 day of <i>August</i> 2001.			
		((seal)
			(seal)
			(seal)
STATE OF FLORIDA)	•	
COUNTY OF SArasota)		
Before me a Notary Public authorized	to take acknowledgements	in the State and County set forth above,	
· •		· <u></u> · · . · . · . · . · . · . · .	
personally appeared	Λί	1113	
MiqueL	Alvarado	Martinez	
<u> </u>			
		·	
Vto and longer to be the second	(a)	anima Antialan af Yman maustian and wha	
acknowledge before me that Miguel		going Articles of Incorporation, and who	
acknowledge before the that Fig. 65 2	b Cv ijes dro	a mose ritteres of meorpotation.	
IN WITNESS WHEREOF, I have affix	ed my hand and seal, in th	e State and County aforesaid, this	
day of Aug, 200]			
		_	
	(Notary Seal)	\mathcal{L}	
	(Inotally Boal)	Kao Steres	~
BOSA BOSA	G. PEREZ	(Notary Public, State of Florida at L	arge)
MY COMMIS	SION # CC 807731		
EXPIRES: 1	ebruary 8, 2003 ary Public Underwriters	My Commission expires:	



Work Sheet

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT



CERTIFICATE OF REGISTERED AGENT OF

M. H. MArtinez Drywall Fre.	afi
Pursuant of Florida Statutes Section 48.091 and 607.0501, the following is submitted:	
The above corporation, desiring to organize under the laws of the State of Florida with its	
registered office as indicated in the Articles of Incorporation at	
422 TArpon Ave. SAVASOTA Pl. 34237	
has named WiGuel Alicaco do Morellina	
located at the aforesaid address, as its Registered Agent to accept service of process	•
within this state.	

ACKNOWLEDGEMENT

Having been named Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provision of Florida Law in keeping open said office.

Migar LARVARD do MARTINE - Z Cregistered agent)