TRANSMITTAL LETTER

## Polo00092595

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

SUBJECT: DR. ROOF, INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
			000004604 -09/21/01-	2527 01063001 *****78.75
Enclosed is an origina	al and one(1) copy of the article	es 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	JAMES !	B, DEVILS JR		
	Name (Pr 5448 Th A TALLAHASS)	inted or typed)  ACCAPOOSA RD.  Address  EF FL. 32303  State & Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	OI SEP 21 AMIL: 42
	850-562-	6929		

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

89/21

## CLES OF INCORPORATION Smpliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: DR. ROOF, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: TALLAHASSEE FL. TALL APOOSA RD. ARTICLE III PURPOSE The purpose for which the corporation is organized is: ROOF CLEANING IPAINTING SERVICE. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): JAMES B. NEUILS JR. 5448 TALL APOOSA RD. TAL. FL. 32303 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: JAMES B. NEUILS . SE TACLAPOOSA 5448 32303 TAUL. FL. *INCORPORATOR* ARTICLE VII The name and address of the Incorporator is: DR. ROOF 5448 TACLAPOOSA RP. TALLA HASSEE FL. 32303 Having been named as registered agent 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 $\frac{9/21/01}{\text{Date}}$ Signature/Registered Agent