POIOOIOISTS

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

SUBJECT:	Wall Doctor Plasterin	g, Inc.		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
			TALLAHA TALLAHA	RECEIVED
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for)EII
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 C Certified Cepy & Certificate of Status	M 8: 40
FROM:		nted or typed)	·	<u>-</u> .
Address				
	Tallahassee, Florida City, St (850) 567-4536	a 32317–2604 ate & Zip	SECRETARY OF TALLAHASSEE, F	APPROVE FILED UI OCT 22 AH
		5(000046) -10/22/01 *****78.75	6. B 1756 01021001 ******78.75

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

J/10/22

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Wall Doctor Plastering Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

tost Office Box 12604 Tollahassee, FL 32317-2604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 Spares

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Karen L. Smith

2769 Oak Park Court

Tallahassee, Florida 32308

ARTICLE VII _ INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Edward L. Barber

1326 Colorado Street

Tallahassee, Florida 32304

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

- 1 (#10 Y

Signature/Registered Agent

Signature/Incorporator

Date (

0 22 01 Date 01 00T 22 AM 8: 1

APTIOVED