

TRANSMITTAL LETTER

P01000104717

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

RECEIVED  
FILED  
01 OCT 30 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

Sf. George Sidling Co.  
(Proposed corporate name - must include suffix)

200004659452--7  
-10/30/01--01073--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

John Clark  
Name (Printed or typed)

PO Box 113

Address

Eastpoint FL 32328

City, State & Zip

Daytime Telephone number

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
01 OCT 30 PM 12:11

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

10/30/01

# 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:

St. George Siding Co.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Box 113  
EASTPOINT, FL 32328

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction - siding

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

John Clark - President, Vice-President, Secretary and Treasurer  
P.O. Box 113, EASTPOINT FL 32328

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

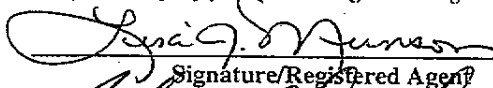
LISA J. MUNSON  
9 ISLAND DRIVE - Box 219  
EASTPOINT, FL 32328


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

John Clark  
P.O. Box 113, EASTPOINT FL, 32328

\*\*\*\*\*  
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.

  
Signature/Registered Agent

  
Signature/Incorporator

10/27/01

Date

10/27/01

Date

APPROVED  
AND  
FILED

01 OCT 30 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA