

P01000109992

CANTON THOMAS

Requester's Name

304 S. ORANGE BLOSSOM TRAIL

Address

ORLANDO FL. 32805-407-649-1600

City/State/Zip

Phone #

APPROVED
AND
FILED

01 NOV 16 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DIS STUCCO OF ORLANDO INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION



Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

[Signature] 11/16

Original

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR
D & S STUCCO OF ORLANDO INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS D & S STUCCO OF ORLANDO INC.

ARTICLE TWO

THE PERIOD, TERM AND DURATION IS **PERPETUAL**.

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS' BUSINESS AS A FULL SERVICE STUCCO AND CONSTRUCTION COMPANY, WHEREAS, WE WILL PROVIDE CONSTRUCTION AND STUCCO OF ALL KINDS. ALSO, THE COMPANY WILL DO ANY OTHER LEGAL BUSINESS AS PROVIDED FOR BY STATUE. ALL OF THE COMPANY'S BUSINESS WILL BE CONDUCTED UNDER THE NAME OF D & S STUCCO OF ORLANDO INC.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH D & S STUCCO OF ORLANDO INC. SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS' INITIAL REGISTERED OFFICE IS 2286 WAUTOMA PL., ORLANDO, FLORIDA 32818, THE NAME OF THE REGISTERED AGENT IS DANIEL CLEPHAR WHOSE ADDRESS IS 2286 WAUTOMA PL., ORLANDO, FLORIDA ZIP CODE NUMBER 32818. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE, WHICH IS 2286 WAUTOMA PL., ORLANDO, FLORIDA 32818.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS ARE TWO.
THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS:

<u>NAME</u>	<u>ADDRESS</u>
DANIEL CLEPHAR	2286 WAUTOMA PL. ORLANDO FL. 32818

CHARLES SMITH	2286 WAUTOMA PL. ORLANDO FL. 32818
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ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND
OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY
STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

**CARLTON THOMAS
304 SOUTH O.B.T.
ORLANDO, FL 32805**

A handwritten signature in cursive script that reads "Carlton Thomas". The signature is written in dark ink and is positioned to the right of the printed name and address.

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS
GRANTED FULL CORPORATE STATUS.

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CERTIFICATE OF DESTINATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

D & S STUCCO OF ORLANDO INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DANIEL CLEPHAR
(NAME)

2286 WAUTOMA PL.
(PO BOXES NOT ACCEPTABLE)

ORLANDO, FLORIDA 32818
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.


SIGNATURE

DATE

11-9-2001