

P02800015091

TRANSMITTAL LETTER

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

SUBJECT: FO OAK FOREST PRODUCTS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004881956--3
-02/06/02--01008--001
*****70.00 *****70.00

Enclosed are 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: THOMAS CARTWRIGHT

Name (Printed or typed)

10 PERRIWINKLE CIRCLE

Address

STUART, FL 34996

City, State & Zip

561-287-4506

Daytime Telephone number

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 FEB -5 AM 10:06

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

2-11-02
WC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -5 AM 10:06

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:

OAK FOREST PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10 PERRIWINKLE CIRCLE
STUART, FL 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE DISTRIBUTOR OF WOODEN PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

THOMAS CARTWRIGHT, PRESIDENT
AARON THOMAS CARTWRIGHT, VICE PRESIDENT
ALLISON CARTWRIGHT, SECRETARY

ARTICLE VI REGISTERED AGENT

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

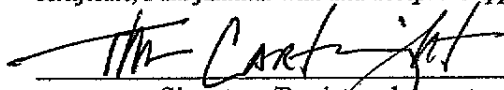
THOMAS CARTWRIGHT
10 PERRIWINKLE CIRCLE
STUART, FL 34996

ARTICLE VII INCORPORATOR

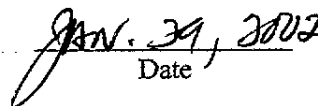
The name and address of the Incorporator is:

THOMAS CARTWRIGHT
10 PERRIWINKLE CIRCLE
STUART, FL 34996


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



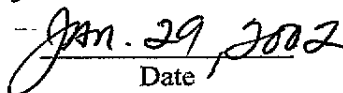
Signature/Registered Agent



Date



Signature/Incorporator



Date