

Department of State Division of Corporations P.O. 6327 409 E. Gaines St. Tallahassee, FL 32314

SUBJECT: MASTERCRAFT STEEL BUILDINGS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300<u>997511487</u>8

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

□ \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

**\$78.75** 

Filing Fee

\$87.50 Filing Fee

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MERRILL A. BOOKSTEIN. COUNSELOR AT LAW. P.A.

Name (Printed or typed)

2499 Glades Road. Suite 308

Address

Boca Raton. Florida 33431

City, State & Zip

(561) 361-9454

Daytime Telephone number

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

83/25

#### ARTICLES OF INCORPORATION

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

# **ARTICLE 1 NAME**

The name of the corporation shall be:

MASTERCRAFT STEEL BUILDINGS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2499 Glades Road, Suite 380 Boca Raton, Florida 33431

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all activities which are lawful under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares at \$1.00 Par Value

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Darren Frank - Director/President/Secretary/Treasurer 2499 Glades Road, Suite 308 Boca Raton, Florida 33431

# ARTICLE VI REGISTERED AGENT

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

Merrill A. Bookstein, Counselor at Law, P.A. 2499 Glades Road, Suite 308 Boca Raton, Florida 33431

# ARTICLE VII INCORPORATOR

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

Merrill A, Bookstein, Counselor at Law, P.A. 2499 Gades Road, Suite 308 Boca Raton, Florida 33431

Having been named as registered agent to a place designated in this certificate, I am far agree to act in this capacity.	accept service of process for th	ne above stated corpo	oration at the
place designated in this certificate. I am far	miliar with and accept the app	ointment as registere	ed agent and
agree to act in the dahacity		omanom do regiona	za agont ana
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Signature/Registered Agent

Date

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