POLOMODICEDER 37978 FILED

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323	tions	30	02 APR - 1 SECKCIALI TALLAHÁSSE 101051 79 -04/01/02-0 *****78.75	STATE E FLORIDA
SUBJECT: WOOD SOLUTIONS OF SARASOTA INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original \$70.00 Filing Fee	al and one(1) copy of the articl \$78.75 Filing Fee & Certificate of Status	es of incorporation and a XX \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	PAMELA TROYER Name (Pr	inted or typed)	- :	
		DR ddress	· <u>·····</u> ······························	- <u>-</u>

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

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WOOD SOLUTIONS OF SARASOTA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2514 ROBINSON AVE SARASOTA FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

KEVIN LEACH 2514 ROBINSON AVE SARASOTA FL 34232

ARTICLE VI

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

PAMELA TROYER 7543 N LEEWYNN DR SARASOTA FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEVIN LEACH 2514 ROBINSON AVE SARASOTA FL 34232

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

Signature/Incorporator