

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -8 AM 9:32

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

SUBJECT: Eric Storey's Lath Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300005205863--0
-04/08/02--01074--013
*****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: Woodward Eric Storey
Name (Printed or typed)

3550 South U.S. #1 Lot 47
Address

Ft. Pierce Fl. 34982
City, State & Zip

561-468-0699
Daytime Telephone number

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

4-16
2-8-8

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: Eric Storey's Lath Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3550 S. U.S. #1 Lot 47
Ft. Pierce Fl. 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any LAWFUL BUISNESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

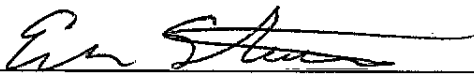
Woodward Eric Storey
3550 S. U.S. #1 Lot 47 Ft. Pierce Fl. 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Woodward Eric Storey
3550 S. U.S. #1 Lot 47 Ft. Pierce Fl 34982

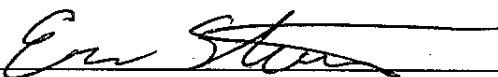
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-6-02

Date



Signature/Incorporator

4-6-02

Date

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