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FILED

TRANSMITTAL LETTER

02 MAY 20 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100005574591--2  
-05/20/02--01057--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Anthony Architectural Woodworks, Inc  
(Proposed corporate name - must include suffix)

Enclosed is 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: BARRY E. DICKSON CPA  
Name (Printed or typed)  
121 PALAFOX PLACE STE. C  
Address  
PENSACOLA FL 32501  
City, State & Zip  
850 438 2122  
Daytime Telephone number

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

CBS-21

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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:

Anthony Architectural Woodworks, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1101 W. ROMANA ST  
PENSACOLA, FL 32501

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WOODWORKING SHOP

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

STEVEN P. SANFILIPPO  
3283 TALLSHIP LN. PENSACOLA, FL 32526

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

STEVEN P. SANFILIPPO  
3283 TALLSHIP LN. PENSACOLA, FL 32526

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

STEVEN P. SANFILIPPO  
3283 TALLSHIP LN. PENSACOLA, FL 32526

\*\*\*\*\*  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

STEVEN P. SANFILIPPO  
Signature/Registered Agent

STEVEN P. SANFILIPPO  
Signature/Incorporator

5/17/02

Date

5/17/02

Date