TRANSMITTAL LETTER

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

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

□ \$70.00 Filing Fee Filing Fee

& Certificate of Status

🌣 \$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	WESLEY BRATCHER Name (Printed or typed)	REC 82 MAY TAPLAN TAPLAN
	27 CARD LN. Address	ASSIGN FOR
	CRAWFORDVILLE FL. 32327 City, State & Zip	STATE RATION

656-6470

Daytime Telephone number

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

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: WESLEY BRATCHER DO	RYWALL IN
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 27 CARD LN. CRAWFORDVILLE	FL. 323
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	-
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	52 MAY 24 MM : 5) SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: WESLEY 27 CARD LN. CRAWFORDVILL	BRATCHE E FL. 323
ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: ARTICLE VII INCORPORATOR MATT BAGGS 27 CARD LN. CRAWFORDVILLE	FL 32327

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

INC.

32327