POROSON TRANSMITTAL LETTER 34

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

SUBJECT:	DAVID C	Proposed corporate name	Homes & Services	INC
	. 			

Enclosed is an original and one(1) copy of the articles of incorp	poration and a check for :
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Cl \$70.00 X \$78.75
Filing Fee & Certificate

□\$122.50 □ \$131.25
Filing Fee
& Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:	David Curington	3 0000566489 3 -06/03/0201054014
	Name (Printed or typed)	*****78.75 *****78.
	1066 E Dolphin Dr	
•	Address	
	StuART FL 34996	
	City, State & Zip	
,	772-219-0570	2002 JUN SECHETA
	Daytime Telephone number	SS J
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, SECRETARY OF STATE OF INCORPORATION. TALLAHASSEE FLORIDA

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE: DAVID CURINGTON CUSTOM HOMES & SERVICES INC

ARTICLES II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 1066 E DOLPHIN STUART FL 34996

ARTICLE III SHARES THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1,00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS: THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS: DAVID CURINGTON

1066 E DOLPHIN DR STUART FL 34996

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

DAVID CURINGTON 1066 E DOLPHIN DR STUART FL 34996

SIGNATURE / INCORPORATOR

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 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,

SIGNATURE / REGISTERED AGENT

20/02 DATE/02

2002 JUN -3 PM 3: 35
SECKLIARY OF STATE
SECKLIARY OF STATE
ALL ALL SEE FLORIDA