

P02000107875

TRANSMITTAL LETTER

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

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-10/04/02--01022--011
*****78.75 *****78.75

SUBJECT: WILLIAM ERIKSSON FRAMING CO.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: WILLIAM ERIKSSON
Name (Printed or typed)

1477 ADMIRAL NIMITZ AVE.
Address

DAYTONA BEACH FLORIDA 32124
City, State & Zip

(386) 846 4044
Daytime Telephone number

FILED
02 OCT -4 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bm 10/7

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:

WILLIAM ERIKSSON FRAMING CO,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1477 ADMIRAL NIMITZ AVE
DAYTONA BEACH FLORIDA 32124

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSACTION ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: /

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

WILLIAM ERIKSSON
1477 ADMIRAL NIMITZ AVE
DAYTONA BEACH FLORIDA 32124
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

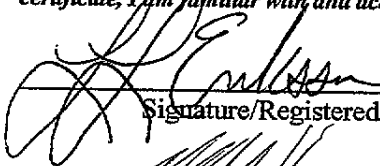
LISA ERIKSSON
1477 ADMIRAL NIMITZ AVE
DAYTONA BEACH FLORIDA 32124

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM ERIKSSON
1477 ADMIRAL NIMITZ AVE
DAYTONA BEACH FLORIDA 32124

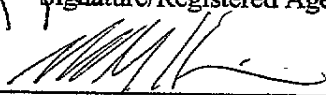
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-01-02

Date



Signature/Incorporator

10/01/02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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