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TRANSMITTAL LETTER

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

SUBJECT:	Louis Finishing, Inc.	
	(proposed corporate name)	
	ease find an original and one (1) copy of the artioration and check in the amount of \$_78.75	
FROM:	Scott Fowler	·
	Name	
	12835 Kellywood Circle Address	
	Hudson, FL., 34669	
	City, State, & Zip	
	(727) 809-2158	· · · · · · · · · · · · · · · · · · ·
	Telephone Number	

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION OF

FILED

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SEUMETASSEE, FLORIDA

TALLAHASSEE, FLORIDA

Louis Finishing, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Louis Finishing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12835 Kellywood Circle Hudson, FL., 34669

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares @ \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Scott Fowler 12835 Kellywood Circle Hudson, FL., 34669

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Scott Fowler 12835 Kellywood Circle Hudson, FL., 34669

i ne undersigned i	nas(nave) ex	ecuted these Articles of	r incorporation this
31st	day of	October	, 20 02 .
		A P Signat	President ture/Title
		Signat	ture/Title
		Signal	ture/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

f the corporation is:	Louis F	inishing, Inc.	
			92 TAI
			NO.
nd address of the re	egistered agen	t and office is:	1 N - N
	Scott Fowle	er	mis.
(N	AME)		<u> </u>
5 Kellywood Circle	e		27 NE 8
(P.O. BOX	<u>NOT</u> ACCEPTA	BLE)	
on, FL., 34669			·•
(CIT)	//STATE/ZIP)		
			•
	SIGNAT		
		• • •	
	TITLE _	rresident	
,	DATE	10/31/02	
	nd address of the room (N. 5 Kellywood Circle (P.O. BOX 1	nd address of the registered agen Scott Fowle (NAME) 5 Kellywood Circle (P.O. BOX NOT ACCEPTA on, FL., 34669 (CITY/STATE/ZIP) SIGNATE TITLE	5 Kellywood Circle (P.O. BOX NOT ACCEPTABLE) on, FL., 34669 (CITY/STATE/ZIP) SIGNATURE (corporate officer) TITLE President

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.

SIGNATURE

DATE 10/31/02