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SECRETARSE PLORIDA

TALLANIASSE PLORIDA



TRANSMITTAL LETTER

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

SUBJECT: Stuck-on-Stucco, Inc. (Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee

X \$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:	Angela Gantt
	Name (Printed or Typed)
	Address
	3355 W. Vine St., Ste 102
	Kissimmee, FL 34741
-	City, State & Zip
	407-931-2344
	Daytime Telephone number

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

ARTICLES OF INCURPOSE.

(FLORIDA)

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

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 2217 W. Clay St., Kissimmee, FL 34741.

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Mark Scrivani, 2217 W. Clay St., Kissimmee, FL 34741.

<u>ARTICLE V</u> - Incorporator

The name and address of the incorporator to these Articles of Incorporation is: Mark Scrivani, 2217 W. Clay St., Kissimmee, FL 34741.

ARTICLE VI - Officers

The officers of the corporation will be:

President -Mark Scrivani

> 2217 W. Clay Street Kissimmee, Fl 34741

Stuck-on Stucco, Inc. Continued
Pg 2

| //to/02
| Signature of Incorporator
| Date

Having 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 of Registered Agent

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SECRETARY OF STATE
SECRETARY SEEFLORIDA