PO300008385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Hallison)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300012589353

03/07/03--01068--019 **78.75



SE 3/1,

TRANSMITTAL LETTER

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

SUBJECT:	DUCHARME BUILDING		
	(PROPOSED CORPORA	ATE NAME – MUSTINGL	UDE SUFFIX)
Enclosed are an orio	inal and one (1) copy of the ar	ticles of incorporation and	ta check for
diologed are an orig	arar and one (1) copy or the ar	netes of meorporation and	ra check for.
□ \$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY REQUIRED
FROM:	HOWARD A. DUCH	ARME	
,	Namo	(Printed or typed)	
	5815 S.W. 1	44 CIRCLE PLACE Address	
		1100-000	
	MIAMI, FLORID	A 33183	
-		, State & Zip	
	C.N.y	,	
	(305) 667-4064		
-		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:

DUCHARME BUILDING & DESIGN, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

5815 S.W. 144 CIRCLE PLACE, MIAMI, FLORIDA 33183

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

BUILDING CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

HOWARD A. DUCHARME 5815 S.W. 144 CIRCLE PLACE, MIAMI, FLORIDA 33183 PRESIDENT

LYDIA A. NOVOA 5815 S.W. 144 CIRCLE PLACE, MIAMI, FLORIDA 33183 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

HOWARD A. DUCHARME

5815 S.W. 144 CIRCLE PLACE

MIAMI, FLORIDA 33183

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

I.YDIA A. NOVOA

5815 S.W. 144 CIRCLE PLACE

MIAMI, FLORIDA 33183

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

OSMAR STORES

Signature/Incorporator

LYDIA A. NOVOA