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TRANSMITTAL LETTER

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 323	i		•	•
SUBJECT:	PROPOSED CORPORAT	ENAME-MUSTING	Inc. UDE SUFFIXO	•
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and	a check for :	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	SEC \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status Status	•
_ FROM	: Dollar 12 La Name (Pr	Land or typed)	· · · · · · · · · · · · · · · · · · ·	
•	8429 Eig	leen .Dr.	•	• • • • • • • • • • • • • • • • • • • •
•	P.R. FlA	34668 State & Zip		
	7- 243. Daytime T	- 2692 elephone number	John Woo!	PHONETO
	•		DATE 3-18-03	RA address

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

ARTICLEY NAME

The name of the corporation shall be:

John WOODs Frameing - Inc.

ARTICLE II PRINCIPAL OFFICE

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

8829 Eileen Dr D.R. FIA. 34668.

ARTICLE III SHARES

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

100. 5 ha Res Common stock.

1.00 share DAR VAlue.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

John Wwoods. 8829 Eilean. Dr. P.B. Fla. 34668

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

John WWOODS.
Michelle 5. Violette
8829 Eileen Dr.
P.R. Fl. 34448

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

(gtday of MARCh. 2003.

Signature

Michele J-Violetto

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	John Woods Fro	imeing.	Inc
2. The name and address of the reg	ristered agent and office is:		
John	Who is	· .	OS MAR I
8829 0.0.	E. Leery Dr. Box or Mail Drop Box NOT ACCEPTABLE)		3-PM
Port	Richey FC 34668	-	2: 26 STATE LORIDA

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)