# 300005023

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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# TRANSMITTAL LETTER

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

SUBJECT:Sv/	Proposed corporate name - must include suffix)				
Enclosed is an original ar \$70.00 Filing Fee	nd one(1) copy of the artic  \$78.75  Filing Fee &  Certificate of  Status	Cles of incorporation and a comparation and a co	S87.50 Filing Fee, Certified Copy & Certificate		

FROM: Robert Lyons
Name (Printed or typed)

1901 W. Busch Blod 21005
Address

Timph Fla. 33618
City, State & Zip

1-8/3-230-4208

Daytime Telephone number

Daytime Terephone number

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

### ARTICLES OF INCORPORATION

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

### ARTICLE 1 NAME

The name of the corporation shall be: Sulvaran Drywall, Inc.

### ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 9109 Baymeadow Ct.

Tampa, Fl. 33615

### ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:

Robert Lyons 2901 W. Busch Blvd Suite 1005 Tampa, FL. 33618

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of incorporation are: James Sulvaran 9109 Baymeadow Ct.
Tampa, Fl. 33615

Signature/Incorporator

Date

(An additional article must be added if an affective date is requested)

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 status 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/Registered Agent

Dote