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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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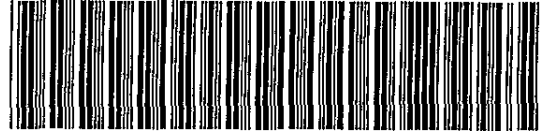
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 30 AM 11:18

F. CHS JUL 8

## TRANSMITTAL LETTER

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

SUBJECT: Wellington Restoration, Inc  
(PROPOSED CORPORATE NAME - M ST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$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: Dennis McMahon  
Name (Printed or typed)

3141 Fortune way # 15  
Address

Wellington, FL 33414  
City, State & Zip

561-798-1595  
Daytime 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)

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TALLAHASSEE, FLORIDA  
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## Article I Name

The name of the corporation shall be: Wellington Restoration, Inc.

## Article II Principal Office

The principal place of business/mailling address is: 3141 Fortune Way #15  
Wellington, FI 33414

## Article III Purpose

The purpose for which the corporation is organized is: To make a profit providing labor and materials for various services to the residential housing market.

## Article IV Shares

The corporation shall have the authority to issue 200 shares of common stock, in one class only, each with a par value of \$1.00.

## Article V Initial officers and/or directors

The initial Board of Directors shall have one Board Member(s) whose name and address is as follows:

Gerald Teallow  
13565 LaMirada Cir  
Wellington, FI 33414

## Article VI Registered Agent

The registered agent of the corporation is Gerald Teallow, and the registered address is 13565 Lamirada Cir, Wellington, FI 33414

## Article VII Incorporator

The incorporator of this corporation is:  
Gerald Teallow  
13565 LaMirada Cir  
Wellington, FI 33414

\*\*\*\*\*  
Having been named as registered agent to accept services of process for the above stated corporation, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature / Registered Agent

Date

Signature / Incorporator

Date

6/23/03

6/23/03