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## TRANSMITTAL LETTER

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

sed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Edouard Ang	Ol (Printed or typed)	<u> </u>	J.
-	219 Palm Place	Address		
	Sanford, Ph 3	2773		

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)	The state of the s			
ARTICLE I NAME				
The name of the corporation shall be:	03 AUG 13 PM 2: 04			
Edouard Woodcraft, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  219 Palm Place  San ford FL 32773  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Windows and book Installation, or an	ny other legal busines	 5 <b>5</b> ~		
ARTICLE IV SHARES The number of shares of stock is:	· . · · · ·			
ARTICLE V INITIAL OFFICERS/DIRECTORS (option) The name(s), address(es) and title(s):  Edouard Angol  org Palm Place  San ford FL 32773	nal)	<u>-</u>		
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Edougld Angol  39 Palm Place  Sanford FL 32773	· ·	٠ -		
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Edouard Angol  319 Palm Place  Sandord PL 32773		-		
**************************************	**************************************			
certificate, I am familiar with and accept the appointment as registered agent and				

Signature/Registered Agent B/8/03

ACCOURT A AN GOOD

Signature/Incorporator Date