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TRANSMITTAL LETTER

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

SUBJECT:	JOEL SHOCK TR	im inc.			
	(PROPOSED CORPORAT	'E NAME – <u>MUST INCLI</u>	<u>ide suffix)</u>		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
2 \$70.00	□ \$ 78.75	\$78.75	□ \$87.500		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,		
	or Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
		ADDITIONAL CO	Status PV PEOUTER		
		ADDITIONAL CO	N I REQUIRED		
FROM:	JOEL SH	ock			
	FROM: JOEL SHOCK Name (Printed or typed)				
2850 Nicole AVE.					
Address					
William Cl. District					
	Cissimmer, FL 34744 City, State & Zip				
	11-7 101	CI COCO			
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) ARTICLE I The name of the corporation shall be: JOEL SHOCK TRIM INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2850 NICOLE AVE. KissimmEE, FL, 34744 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TRIM CARPENTER HAWDY MAN ARTICLE IV SHARES The number of shares of stock is: ONE CD ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): JOEL SHOCK PRESIDENT 2850 NICOLE AVE. KISSIMMEE FL. 34744 REGISTERED AGENT The name and Florida street address of the registered agent is: JOEL SHOCK 2850 NICOLE AVE. Kissimmet FL 34744 PTICLE VII INCORPORATOR ARTICLE VII The name and address of the Incorporator is: JOEL SHOCK 2850 NICOLE AVE. KissimmEE FL, 34744 Having been named as registered agent to accept service of process for the above stated corporation at thre place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacaty

gnature/Registered Agent

Signature/Incorporator