

P03000097934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

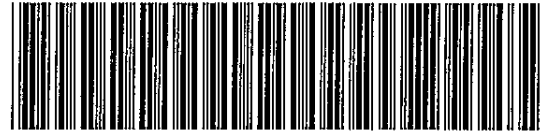
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 SEP -2 PM 3:17

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09-08-09

**TRANSMITTAL LETTER**

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

**SUBJECT:** BALDWIN INDUSTRIES INC.  
**(PROPOSED CORPORATE NAME - MUST 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:** KEVIN B BALDWIN  
Name (Printed or typed)

5601 SW 55 AVE.  
Address

DAVIE , FL 33314  
City, State & Zip

954-600-6993  
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 NAME**

The name of the corporation shall be:

BALDWIN INDUSTRIES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5601 SW 55 AVE. DAVIE, FL 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CABINET MAKER

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

KEVIN B BALDWIN 5601 SW 55 AVE DAVIE, FL 33314 PRIESDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

KEVIN B BALDWIN 5601 SW 55 AVE DAVIE FL 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


KEVIN B BALDWIN 5601 SW 55 AVE DAVIE , FL 33314

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

8-27-03  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-27-03  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA