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# TRANSMITTAL LETTER

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

SUBJECT:	e' Lopez Drywall, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
□ \$70.00	<b>\$78.75</b>	\$78.75	<b>2</b> \$87.50	
Filing Fee	-	Filing Fee	Filing Fee,	
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		ADDITIONAL CO	- · · · · · · · · · · · · · · · · · · ·	
		THE COURT OF	A I REQUIRED	
FROM:	Jose Luis Lopez			
110111	Name	(Printed or typed)		
2436 Winchester Blvd.				
		Address		
	Kissimmee, FL 34743			
	City	, State & Zip		
	407-729-3848			
A ·		Telephone number		

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

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# 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:

Jose' Lopez Drywall, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2436 Winchester Blvd.

Kissimmee, FL 34743

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall Installation, repair & finishing

## ARTICLE IV SHARES

The number of shares of stock is:

1 - 100%

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

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

Jose' Luis Lopez, President 2436 Winchester Blvd.

Kissimmee, FL 34743

#### ARTICLE VI REGISTERED AGENT

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

Jose' Luis Lopez 2436 Winchester Blvd. Kissimmee, FL 34743

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose' Luis Lopez 2436 Winchester Blvd. Kissimmee, FL 34743

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

 $\mathcal{L}$ 

Signature/Incorporator

09-07-2003 Date

99-02 3003

Date

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SECRETARY OF STATE