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TRANSMITTAL LETTER

SUBJECT: F.C.M. FRAMING INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REOUIRED	
FROM:	JOHN W. WOODS			
same e e e	8829 EILEEN 1	DRIVE Address		- · · · ·
	PORT RICHEY, F	L 34668 , State & Zip	i	
	(727) 243-26 Daytime	92 Felephone 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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

FC.M. FRAMING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8829 EILEEN DRIVE

PORT RICHEY, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO FRAME

CONSTRUCTION

ARTICLE IV SHARES

100 @ A PAR VALUE OF \$100 POR SHARE The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

JOHN W. WOODS

8829 EILEEN DRIVE

34668 PORT RICHEY, FL

ARTICLE VII INCORPORATORS

The name and address of the Incorporator is:

JOHN W. WOODS

8829 EILEEN DRIVE

PORT RICHEY, FL 34668

FRED CHARLES MONTIOY 12291 ARMENIA BABLES CIRCLE

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

Signature/Incorporator