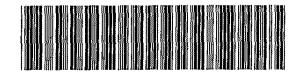
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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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TRANSMITTAL LETTER

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

SUBJECT:	-VanDiver	Drywall I	1C	
	(PROPOSED CORPORA	te name – <u>Must Incli</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti-	cles of incorporation and	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 PY REQUIRED	
FROM:	Scotty R.	Van Diver (Printed or typed)		
3200 Elaine Dr.				
Lorida, Florida 33857				
	812160	- 0.190	,	

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: Van Diver Drywall, Inc. PRINCIPAL OFFICE The principal place of business/mailing address is: Elaine Dr. Lorida, FL. 33857 The purpose for which the corporation is organized is: Drywall ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): Scotty R. Van Diver, Corporate Officer Jouner 3200 Elaine Dr. REGISTERED AGENT Lorida, FL. 33857 The name and Florida street address of the registered agent is: Scotty Ray Van Diver 3200 Elaine Dr. Lorida, FL. 33857 **INCORPORATOR** The name and address of the Incorporator is: Scotty Ray Vandiver 3200 Elaine Dr. Lorida, FL. 33857 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