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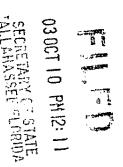
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PICK-UP WAIT MAIL
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# TRANSMITTAL LETTER

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

	•	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ginal and one (1) copy of the arti	cles of incorporation and	lacheck for:
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<b>\$78.75</b>	\$78.75	<b>2</b> \$87.50
Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
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	ADDITIONAL CU	DPY REQUIRED
OLINI BALILI I INI		
OFIN MOLLIN	(Printed or trined)	
Name	(Finited of typed)	
P.O. BOX 120434		
	Address	
CLERMONT, FLORIDA 3	34712	
City	State & Zip	
352-267-1329		
Daytime T	elephone number	
	cinal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status  OHN MULLIN  Name  P.O. BOX 120434  CLERMONT, FLORIDA 3  City,	Filing Fee & Certificate of Status  ADDITIONAL CO  OHN MULLIN  Name (Printed or typed)  P.O. BOX 120434  Address  CLERMONT, FLORIDA 34712  City, State & Zip

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)

03 OCT 10 PM 12: 11

SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: JOHN MULLIN HOUSEWRAPPING, CO.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. BOX 120434 CLERMONT, FL 34712

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: TO CONDUCT LEGAL BUSINESS IN THE STATE OF FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is:

100 (ONE HUNDRED)

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN MULLIN

P.O. BOX 120434 CLERMONT, FL 34712

**PRESIDENT** 

MARGARET A. MULLIN

P.O. BOX 120434 CLERMONT, FL 34712

VICE PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

JOHN MULLIN

11845 CLAIR PLACE CLERMONT, FL 34711

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JOHN MULLIN

(11845 CLAIR PLACE) P.O. BOX 120434 CLERMONT, FL 34712

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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Jahr MULLIN

October 4, 2003

Date

October 4, 2003

Date

Signature/Incorporator JOHN MULLIN