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| (Requestor's Name)                      |                    |               |  |  |
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| PICK-UP                                 | WAIT               | MAIL          |  |  |
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| Certified Copies Certificates of Status |                    |               |  |  |
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| Special Instructions to                 | Filing Officer:    |               |  |  |
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10/13/03--01017--024 \*\*78.75

EFFECTIVE DATE



4,0,16

# TRANSMITTAL LETTER

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

| SUBJECT:            | E. O. , INC.                     |                               |                  |
|---------------------|----------------------------------|-------------------------------|------------------|
| <del></del>         | (PROPOSED CORPO                  | RATE NAME – <u>MUST INCL</u>  | UDE SUFFIX)      |
|                     |                                  |                               |                  |
|                     |                                  |                               |                  |
| Enclosed are an or  | iginal and one (1) copy of the a | articles of incorporation and | a check for:     |
| □ # <b>7</b> 0.00   | E <b>7</b> (100 00 00            | D. 0.70. 7.5                  | Пасть            |
| □ \$70.00 □ \$78.75 |                                  | \$78.75                       | \$87.50          |
| Filing Fee          | Filing Fee                       | Filing Fee                    | Filing Fee,      |
|                     | & Certificate of Status          | & Certified Copy              | Certified Copy   |
|                     |                                  | į                             | & Certificate of |
|                     |                                  | - 1                           | Status           |
|                     |                                  | ADDITIONAL CO                 | PY REQUIRED      |
|                     |                                  |                               |                  |
| FROM:               | WILLIAM EDWARD OWEN              | IS                            |                  |
| 1100110             |                                  | me (Printed or typed)         | <i>š</i> .       |
|                     | 6597 FISHERMANS L                | A NIE                         |                  |
|                     | 0397 FIGHLINIANS L               |                               |                  |
|                     |                                  | Address                       |                  |
|                     | LAUREL HILL, FLORID              | A 32567                       |                  |
|                     | ·                                | ity, State & Zip              |                  |
|                     | 850-689-1730                     | ·                             |                  |
|                     |                                  | e Telephone number            | <del></del>      |
|                     | Duyan                            |                               |                  |

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:

W. E. O., INC.

EFFECTIVE DATE: OCTOBER 15, 2003

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6597 FISHERMANS LANE LAUREL HILL, FLORIDA 32567

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

CARPENTRY SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1.00 PAR VALUE, COMMON STOCK

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM EDWARD OWENS

PRESIDENT / TREASURER

6597 FISHERMANS LANE

LAUREL HILL, FLORIDA 32567

EFFECTIVE DATE

### REGISTERED AGENT ARTICLE VI

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

WILLIAM EDWARD OWENS 6597 FISHERMANS LANE LAUREL HILL, FLORIDA 32567

### INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

WILLIAM EDWARD OWENS 6597 FISHERMANS LANE LAUREL HILL, FLORIDA 32567

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

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