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(Requestor's Name)			
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(Address)			
(City	/State/Zip/Phone	; #)	
PICK-UP	WAIT	MAIL	
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(Bus	iness Entity Nam	ne)	
(Doo	ument Number)		
Certified Copies	Certificates	of Status	
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Special Instructions to F	iling Officer:		
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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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:	Steven B	Spark mall e (Printed or typed)	7
	Punnoll	1329 Address	
	386 586 -	FL 32//C , State & Zip 383/ Telephone 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)

ART	<u>'ICLE</u> I	<u>NAME</u>

The name of the corporation shall be:

Elite Trim, Inc.

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SEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 1329

Bunnell, FL 32110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in legal business.

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):

Steven B. Sparkman, P.O. Box 1329, Bunnell, FL32110, President

REGISTERED AGENT

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

Steven B. Sparkman 2388 Old Haw Creek Rd.

Bunnell, FL 32/10 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steven B, Sparkman P.O.Box 1329

Bunnell, FL 32110

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