

P03000115219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

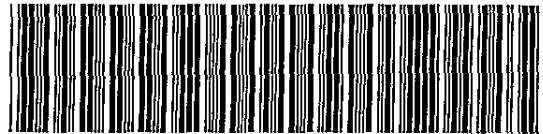
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200023696252

10/13/03--01076--024 \*\*87.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 OCT 13 PM 1:15

## TRANSMITTAL LETTER

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

SUBJECT: Perfect fit Trim, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Lisa G. Stone  
Name (Printed or typed)

6405 Olander Ave  
Address

ft. Pierce, FL 34982  
City, State & Zip

(772) 489-4988  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 OCT 13 PM 1:15

## 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:

Perfect fit Trim, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6405 Oleander ave.  
Ft Pierce FL 34982

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Transact any and all lawful business under  
the laws of the United States and of the State of Florida

### ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 Shares par value of \$.01 per Share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lisa G. Stone (owner)  
6405 Oleander ave  
Ft. Pierce FL 34982

### ARTICLE VI REGISTERED AGENT

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

Lisa G. Stone  
6405 Oleander ave  
Ft Pierce FL 34982

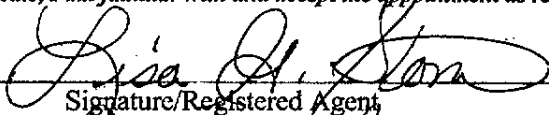
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

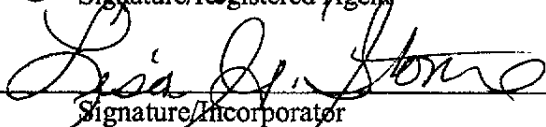
Lisa G. Stone  
6405 Oleander ave Ft Pierce FL 34982

\*\*\*\*\*

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

10/4/03  
Date

  
Signature/Incorporator

10/4/03  
Date