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## TRANSMÎTTAL LETTER

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

SUBJECT: K	ick Spooner	Corperation NAME - MUST INCLUDE SUFFIXI
The 10 and 10 are a fact.		
Enclosed is an original \$70.00 Filing Fee	and one(1) copy of the articles  \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM:  Rick Spooner  Name (Printed or typed)  8300 Wakulla Springs Rd  Address		
	Ta UA City,	F/A 32305 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) ARTICLE I NAME The name of the corporation shall be: Rick Spooner Corperation ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8300 WAKULIA SPRINGS RA FloRida TallA 32305 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Construction of homes, deeks, siding, TRIM and Other construction services; ARTICLE IV SHARES Shares The number of shares of stock is: 10 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Richard Spooner - President REGISTERED AGENT The name and Florida street address of the registered agent is: d Sproner waken a springs Rd FIA 32305 TallA ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RICK Spoon 8300 Wakun- Springs Rd 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