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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL COI	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Luz E. Herna	e (Printed or typed)	
	1037 E. Wan	cock Dr Address	
	Deltona, Fl	32725 , State & Zip	
	386-574-111	7	ie

SUBJECT: Salvador M. Drywall, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	fit)	
ARTICLE I NAME  The name of the corporation shall be:  Salvador M. Drywall, Inc.	· · · · · · · · · · · · · · · · · · ·	SECT TALL 03
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1410 S. Hoagland Blvd #8 Kissimmee, Fl 34741	•	ALLAHASSEE, FLORIDI 03 NOV -6 AM 10: 36
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To do business in the field of	of drywall.	ATE ARIDA
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIREC List name(s), address(es) and specific title(s):	TORS	
Salvador Ramirez-President 1410 S. Hoagland Blud #8 Kissimmee, Fl 34741	Alvaro Ramirez- 1410 S. Hoagland Kissimmee, F1 3	Vice Presider Blud #8 4741
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is		
LUZ & Hernandez 1037 E. Hancock Dr Deltong, Fl 32725		-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		Avc -
Salvador Ramirez		
1410 S. Hoagland Blvd #8 Kissimmee, Fl 34741		
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agen		ignated in this
Line Nepmando	1/2/	
Signature/Registered Agent	Date	<u> </u>

Signature/Incorporator