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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(city/citation)			
PICK-UP WAIT	MAIL		
(Business Entity Name)	_ 		
(Document Number)			
Certified Copies Certificates of Status	. \		
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Special Instructions to Filing Officer:	Ì		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

11-12-03

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filling Fec	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Larry W.	Printed or typed)		
3108 McKenzie Rd				
	Cantonner	State & Zip	25.3.3	
-	850 - 97 Daytime To	28-1530 Elephone number	<u>:</u>	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	_
The name of the corporation shall be:	03 NOV -7 AM II: 35
The Right Angle Craftsman Inc	_ SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
368 McKenzie Rd Cantonment FL 32533 ARTICLE III PURPOSE	· · ·
The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: One Thousand shares, Particle V Initial Officers and/or directors	rvalie
List name(s), address(es) and specific title(s):	17 20532 Procedo
List name(s), address(es) and specific title(s): Larry W. Foxon 368 McKenzie Rd Cantonmo	AT HEORDS - I PESICION
-1000 and -1000	1 7/ 32522-1110010010
Diann M. Faxon 368 McKenzie Rd Cartonner Diann M. Faxon 368 McKenzie Rd Cantonne	AFI 37522 Condi
	of the contract of the contrac
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Larry W. Faxon 368 McKenzieRd =	-
Cantonna + F/ 20622	
Cantenment FC32533=	
The <u>name and address</u> of the Incorporator is:	
Larry W. Faxon -	
368 McKenzie Rd	
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capa	=
Source has the	05-03
Signature/Registered Agent Larry W. Faxon	Date
Lung W Jahr Larry W. Faxon	05-00
Signature/Incorporator Larry W. Faxon	Date