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TRANSMITTAL LETTER

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TALLAHASSEE FLORIDA

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

SUBJECT: CR	AIN STUCCO, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	☑ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i ming i co	& Certificate of Status	& Certified Copy	Certified Copy
	& Certificate of Status	& Connica Copy	& Certificate of
			Status
		ADDITIONALOO	
		ADDITIONAL CO	PY KEQUIKED
FROM:	TROY CRAIN		
	Name	(Printed or typed)	
	1148 NEW HAVEN DR		
•		Address	
	CANTONMENT, FL 3253	33	
•	City	, State & Zip	
-	Daytime	Pelenhane 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

CRAIN STUCCO, INC.

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TALLAHASSEF FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1148 NEW HAVEN DR CANTONMENT, FL 32533

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PUBLIC SERVICE STUCCO COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

TROY CRAIN 1148 NEW HAVEN DR CANTONMENT, FL 32533 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

TROY CRAIN 1148 NEW HAVEN DR CANTONMENT, FL 32533

<u>ARTICLE VII INCORPORATOR</u>

The name and address of the Incorporator is:

TROY CRAIN 1148 NEW HAVEN DR CANTONMENT, FL 32533

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

Signapare/Registered Agent Date

2 Se f. / c = 10-24-03

Anturé/Indorporator Date