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O3 DEC -1 PN 5: 33
SECRETARY OF STATE
TALL ALLANDA

TRANSMITTAL LETTER

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

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

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

EDGELDATER FLORIDA

City, State & Zip

1-386-566-3304 Daytime Telephone number

ARTICLES OF INCORPORATION

obligations of my position as registered agent

Signature/Registered Agent

FILED

The undersigned in	corporator, for the purpose of forming a	corporation under	the Florida DEC -1 PM 5: 3	33
Business Corporati	ion Act, hereby adopts the following Artic	cles of Incorporation	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ARTICLE I	_NAME			
The name of the o	corporation shall be:			\circ
Hal	Copeland Zu	eality	Carpentry	Inc.
ARTICLE II	PRINCIPAL OFFICE			
The principal place	ce of business and mailing address of	this corporation s	hall be:	
1790	Wedlaway	Fane		
Edge	Water, H 3	2132	_	
	SHARES			_
	ares of stock that this corporation is a		outstanding at any one time	is:
500	@ 100 par L	alue		. "
	INITIAL REGISTERED AG		ree <u>t address</u>	
The name and Flo	orida street address of the initial regist	ered agent are:		
Nal	Copeland	b.	Δ	l e /
1990	Copeland Videaway fa	ne - Ed	ge walu 7	32432
ARIICUD Y	THOOM OND TON			
	Idress of the incorporator to these Art	ticles of Incorpora	ation are:	
Nal	Copeland	`	,	
1790	Copeland Liceaway Le	ane Ca	lgeliater 71	32137
1	O Canalina		11/24/03	
/Signi	ature/incorporator		'Date '	
	`			
	(An additional article must be ad	lded if an effectiv	e date is requested.)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the