# 

(Requestor's Name)				
(Addri	ace)			
(Address)				
(Address)				
(City/s	State/Zip/Phone #			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Dusii	less Emily Name;			
, (Docu	ment Number)	<del> </del>		
Certified Copies	Certificates of	Status		
<u></u>				
Special Instructions to Filing Officer:				
		}		
j				
	Office Use Only			
	once use grilly			
	X.			
	1			
	1	1 104		





12/24/03--01016--003 \*\*87.50

### Certificate Designating Place of Business or Domicile For the Service of Process Within Florida, Naming Agent Upon Whom Process May be Served

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, The Learning Circle, Inc., organized under the laws of the state of Florida, submits the following statement in designating the registered agent and registered office in the state of Florida.

The name and address of the registered agent and office is:

Patricia Salim
22627 Neff Court
Land O' Lakes, Florida 34639

Patricia Salim, Incorporator

Having been named to accept service of process for the above-stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Patricia Salim, Registered Agent

OB DEC 22 AM 9: 10

### TRANSMITTAL LETTER

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

SUBJECT:	Capital City Siding, In			
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	rinal and one (1) copy of the arti	icles of incorporation and	a check for:	
S70.00 Filing Fee	☐ \$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:	John H. Dumil Name	(Printed or typed)	-	
	Post Office Box 20221		er e	
	Tallahassee, Florida 32316-0221  City, State & Zip			
-	(850) 574-4418 Daytime T	elephone 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) ARTICLE I NAME The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: Post Office Box 20221

Tallahassee, Florida 32316-0221

Capital City Siding, Inc.

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will be installing vinyl siding on new and pre-existing structures, mostly single-family dwellings.

(Effective date of Incorporation: January 1, 2004.)

#### ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common stock.

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John H. Durnil Post Office Box 20221 Tallahassee, Florida 32316-0221

President, Director, Secretary & Treasurer

#### ARTICLE VI REGISTERED AGENT

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

John H. Durnil 2431 West Pensacola Street Tallahassee, Florida 32304

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

John H. Durnil Post Office Box 20221 Tallahassee, Florida 32316-0221

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

Signature/Registered Agent

Signature/Incorporator

12/19/03 Date

Date

03 DEC 23 AM 9: 32

STATE STATE OF LORIDA EFFECTIVE OF STATE