P04000003688

a day Inc
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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THE EXPLINIT
Vocations is sold

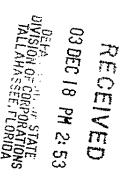
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D3 DEC 18 PH 6: 16
SECRETANT OF THE





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 31, 2003

GREGORY KIRKLAND P O BOX 1866 MT DORA, FL 32756

SUBJECT: A,G & P, INC. Ref. Number: W03000039846 O4 JAN -7 PH 5:58

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IMPRI

We have received your document for A,G & P, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Examiner New Filings Section

Letter Number: 803A00069413

1/6/04 Dear Ms. Hampton:

TRANSMITTAL LETTER

Department of State

Division of Corporat P. O. Box 6327	ions		
Tallahassee, FL 323	14	1	
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Gregory Name	(Printed or typed)	
-	Mass D	Keshap address State & Zip	32757 32837
	352-383 Daytime To	-7375	· · · ,

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 DEC 18 PM 6: 16 SECRETANT TATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es), and specific title(s) REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 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 artifaceoff the appointment as registered agent and agree to act in this capacity ure/Registered Agent

ARTICLES OF INCORPORATION

Signature/Incorporator