## P04000006025

| (Requestor's Name)                      |  |  |  |
|-----------------------------------------|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| the rector                              |  |  |  |

Office Use Only



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## TRANSMITTAL LETTER

| Department of State<br>Division of Corporat<br>P. O. Box 6327<br>Tallahassee, FL 323 | inger<br>For the contract of the contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                               |            |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------|
| SUBJECT:                                                                             | (PROPOSED CORPORATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , c_l                                                                                              | T<br>E SUFFIX)                                                | <b>-</b> . |
| Enclosed is an origin  \$70.00  Filing Fee                                           | al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es of incorporation and a  \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO                      | \$87.50 Filing Fee, Certified Copy & Certificate of Status    |            |
|                                                                                      | Monticel  Ryle Y  Name (Pr  Name (Pr | FROM: Nood S rinted or typed)  H. Augustin Address  10 Fl 32 State & Zip  997-1283 Elephone number | SECKLIVAN-7 PM 1:22  SECKLIVAN-5 TATE  CALLAHASSEL FLORIDA  3 |            |

| 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:  K & 2 Dryum 1 IM.                                                                                                  |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:                                                                           |
| 1849 A St. Augustine Rd.  Mouticello Fl 32344  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Drywall                       |
| ARTICLE IV SHARES The number of shares of stock is:  ORIGINAL 223                                                                                         |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  Kyle Moody R Pres  Linda Moody Vice Pres                         |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Kyle Moody  1849 A 5t. Augustine Rd.  Monticello, Fl. 32344 |
| The name and address of the Incorporator is:  Kulc Moody  1849 A St. Augustia Rd.  Moutiullo Fl. 32344                                                    |
| **************************************                                                                                                                    |
| Signature/Registered Agent Date                                                                                                                           |
| Signature/Incorporator Date                                                                                                                               |
| Signature incorporator                                                                                                                                    |