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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: CLIFF WINN PLASTERING, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CLIFF Winn
Name (Printed or typed)

25 High Ridge Circle
Address

Holly Hill, FL 32117
City, State & Zip

386-258-0356
Daytime Telephone 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: **CLIFF Winn PLASTERING, INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **25 High Ridge Circle
Holly Hill, FL 32117**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PLASTERING WALLS & CEILING
IN RESIDENTIAL HOMES**

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
**CLIFF Winn, PRESIDENT
25 High Ridge Circle
Holly Hill, FL 32117**

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
**CLIFF Winn
25 High Ridge Circle
Holly Hill, FL 32117**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
**CLIFF Winn
25 High Ridge Circle
Holly Hill, FL 32117**

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

Cliff Winn
Signature/Registered Agent

12/31/03
Date

Cliff Winn
Signature/Incorporator

12/31/03
Date