## 04000008178

(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:						





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## TRANSMITTAL LETTER

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

Tallanassee, FL 32.	314							
SUBJECT:	hare Allen (PROPOSED CORPORATE	Carpentry	INC,					
Enclosed is an origin	nal and one(1) copy of the artic	eles of incorporation and a	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					
Lacrard Shaw Men Name (Printed or typed)								
	1	~ / /						

26 Lard Dep Inn

Daytime Telephone number

	OF INCORPO ith Chapter 607 at		F.S. (Profit)		1	
ARTICLE I	NAME	. 0	1// 00	Caro	ontry	. In
The name of the	corporation shall b	nd/or Chapter 621, I	Allen	Carp		
ARTICLE II The principal pla	<i>PRINCIPAL</i> ce of business/ma	OFFICE iling address is: 2	1455 Deni Illa Fi	Prop - 3230	lnn La 5	ne
ARTICLE III	PURPOSE	ution is organized is:	· -		OL SI SI SI	
ARTICLE IV The number of sh	SHARES nares of stock is:	1			LANASSEE STA	Control of the Contro
ARTICLE V	INITIAL OFF	ICERS/DIRECTO	ORS (optional	!. , , , , ,	RIDA RIDA	
The name(s), add	lress(es) and title(	CERS/DIRECTO (s): D Leonard	d Shave	J.411.	erL	
<i>ARTICLE VI</i> The <u>name and F</u>		RED AGENT ress of the registered	I agent is:			
Thur		455 Den 1	Orap In	n Lane	<b>り</b>	
	INCORPOR idress of the Incom	ATOR	(2) 20 31 20 20 20 20 20 20 20 20 20 20 20 20 20	ech Des	w Drox Z 323	o In
ler DShar	ll 411.er	7	To	illa F	工323	05
******			******	,	*****	
		o accept service of proc the appointment as regi:				gnated in th
Shir	lun Neu	some			1-9-04	_
Signaturé/Registe	red Agent			Date	, ,	
lanas	D.Hles			1	19/04	_
Nignature/Income	arator			l latal	, ,	