

P04000014748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

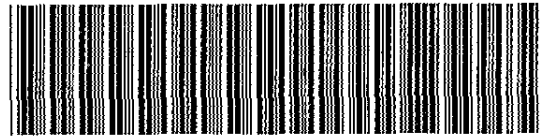
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JAN 15 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GURNEY'S ACCOUNTING SERVICE
1092 LAUREL OAKS COURT
OVIEDO, FL 32765
(407) 365-6010

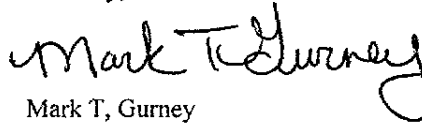
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

To Whom It May Concern:

Enclosed you will find two copies of the articles of incorporation for the company shown on said articles.
Enclosed are the necessary fees for filing.

Should you have any questions, please don't hesitate to contact me at (407) 365-6010. Please return the
filing copies to my attention to the address listed below. Thank you for your prompt attention with regards
to this matter.

Sincerely,

A handwritten signature in black ink that reads "Mark T. Gurney". The signature is written in a cursive, flowing style.

Mark T, Gurney
1092 Laurel Oaks Court
Oviedo, FL 32765

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:

MCFANN FRAMING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3282 HAMBROWN ROAD
KISSIMMEE, FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TITLE: P,S,T
FLOYD MCFANN
3282 HAMBROWN ROAD
KISSIMMEE, FL 34746

ARTICLE VI REGISTERED AGENT

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

FLOYD MCFANN
3282 HAMBROWN ROAD
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FLOYD MCFANN
3282 HAMBROWN ROAD
KISSIMMEE, FL 34746

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

Mcfann Floyd
Signature/Registered Agent

1/5/04
Date

Mcfann Floyd
Signature/Incorporator

1/5/04
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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