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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JAN 23 AM

TRANSMITTAL LETTER

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

SUBJECT: E. G	LOVER STUCCO, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:		
	7				
□ \$70.00	□ \$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL CO			
FROM: H	ERMAN PARKER				
* **C1*11.	Name	(Printed or typed)			
	1354 COMERWOOD DRIVE				
		Address			
	DELTONA EL 20720				
	DELTONA, FL 32738		· · · · · · · · · · · · · · · · · · ·		
	City,	State & Zip			
	407-323-5867				
	Daytime T	elephone 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)

FILED

ARTICLE I NAME

. The name of the corporation shall be:

E. GLOVER STUCCO, INC.

04 JAN 23 AM 11:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5020 LESCOT LANE ORLANDO, FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE A BUSINESS FOR CONCRETE/CEMENT STUCCO AND CONSTRUCTION CONTRACTING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EMMIT GLOVER 5020 LESCOT LANE ORLANDO, FL 32811 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

HERMAN PARKER 1354 COMERWOOD DRIVE DELTONA, FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EMMIT GLOVER 5020 LESCOT LANE ORLANDO, FL 32811

**************************************	ne above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered age	mt and agree to act in this capacity
He_T/L	1/15/04
Signature/Registered Agent	Date
Emmit Gloven	1/15/04

Signature/Incorporator

Date