

P04000027504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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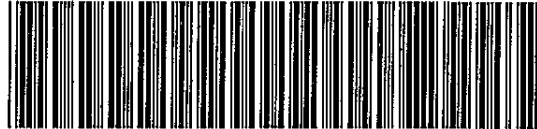
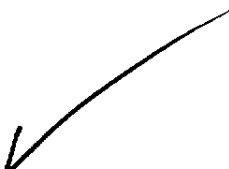
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TRANSMITTAL LETTER

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

SUBJECT: GERALD OWENS 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: RODERICK D. MCLEOD  
Name (Printed or typed)

2419 EAST MALL DR  
Address

FT. MYERS FL 33901  
City, State & Zip

239-939-3635  
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: **GERALD OWENS INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: **308 N.W. 15TH TERRACE  
CAPE CORAL, FL 33993**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **INSTALLATIONS**

**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):

**GERALD OWENS  
308 N.W. 15TH TERRACE  
CAPE CORAL, FL 33993**

**ARTICLE VI REGISTERED AGENT**

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

**GERALD OWENS  
308 N.W. 15TH TERRACE  
CAPE CORAL, FL 33993**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**GERALD OWENS  
308 N.W. 15TH TERRACE  
CAPE CORAL, FL 33993**

\*\*\*\*\*

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

**+ *[Signature]***  
\_\_\_\_\_  
Signature/Registered Agent

**1-22-04**  
\_\_\_\_\_  
Date

**+ *[Signature]***  
\_\_\_\_\_  
Signature/Incorporator

**1-22-04**  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA