## P04000031895

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: WOLFE HOME IMPO (PROPOSED CORPORATE	rove ments ]	INC.
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: Warden Lee Name (	·	
St George GA	31562 State & Zip	· • • • • • • • • • • • • • • • • • • •
904-705-212 Daytime Te	7 elephone number	· · · · · · · · · · · · · · · · · · ·
IF Anny Questions call	F. T	•
904-705-2127 Buss 904-259-3934 mother		
912-843-2105 Hone Thank you	at and one copy of	the articles.



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 5, 2004

WAREDEN LEE WOLFE RT. 1 BOX 1034 ST. GEORGE, GA 31562

SUBJECT: WOLFE HOME IMPROVEMENTS INC.

Ref. Number: W04000004964

We have received your document for WOLFE HOME IMPROVEMENTS INC.. However, the document has not been filed and is being returned for the following:

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 804A00007720

Poc 2/16

## Prior Business EINH 47-0909908

ARTICL	ES OF	<b>INCORI</b>	PORA'	TION
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ARTICLE I NAME

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:
WOLFE Home Improvements Inc. FE &
ADDICATE TO DESIGNAT OFFICE
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:  4929 Verry John 5 Rd.
Macclenny FL. 32063
The purpose for which the corporation is organized is: PRIMARILY TO CONSULT a  HOME IMPROVEMENT BUSINESS and SUCH OTHER activities
HomeImprovement Business and such other actives
THAT ARE LEGALLY PERMITTED IN THE STATE OF FLORIDA
The number of shares of stock is:
SOUCE TO THE SECOND SEC
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(cs) and specific title(s):
WARDEN L. WOLFE PRESIDENT
Rt Boy 1034
ST. GEORGE, GA. 31562
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
WARDEN L. WOLFE
\$4929 Jerry Johns Ad.
Macclenny FL 32063
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Warden Lee Wolfe
At 1 Box 1034 St George GA 31562
**************************************
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
Certywate, I am jamular with and accept the appointment as registered agent and agree to act in this capacity
1/23-04
Signature/Registered Agent Date
Ward Wale 1-23-04
Signature/Incorporator Date