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TRANSMITTAL LETTER

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

SUBJECT: WICHA	el Berrones Drywall, Inc.		
	(PROPOSED CORPORAT	IENAME - MUST INCL	UDE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the artic	eles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	□ \$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
		1"	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Michael Berrones		
1 100M	Name (Printed or typed)	
	18790 SW 356th Sti	reet	
-	A	address	
	Homestead, FL 330	034	
	·	State & Zip	
	305-216-7350		
		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)

ARTICLE I NAME

The name of the corporation shall be: Michael Berrones Drywall, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. Box 901216
Homestead, FL 33090

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall Construction

ARTICLE IV SHARES

The number of shares of stock is: One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President P.O. Box 901216 Homestead, FL 33090

ARTICLE VI REGISTERED AGENT

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

Mailing Address: Michael Berrones P.O. Box 901216 Homestead, FL 33090 Home/Office Address: Michael Berrones 18790 SW 356th Street Homestead, FL 33034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Berrones 18790 SW 356th Street Homestead, FL 33034

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/Registered Agent

Signature/Incorporator

7-13-04

J-13-84

Date

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