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FILED 04 FEB 25 AM 9: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA



# TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fœ

Filing Fee & Certificate of Status

\$78.75

<b>、</b> .	
\$78.75 Filing Fee	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED
	-

FROM: \_\_\_\_\_\_ John F. La Forge\_\_\_\_\_\_ Name (Printed or typed)

1648 Oakley Ave.

Address

Ff. Myers, Fl.33901-8553 City, State & Zip

239-939-1404 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

1 . . \*

The name of the corporation shall be:

John La Forge Co., Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

400 South Road

Ft. Myers, Fl. 339070

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cabinet Manufacturing

#### ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000)

# ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

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

John B. La Forge, President 1648 Oakley Ave. Ft. Myers, Fl. 33901

### ARTICLE VI **REGISTERED AGENT**

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

John F. La Forge 1648 Oakley, Ave., Ft. Myers, Fl. 33901

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John F. La Forge 1648 Oakley Ave. Ft\_ Myers\_F1\_ 33901

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 14

A Kille	
Signature/Registered Agent7	
AV A	
Ar to h	
Signature/Incorporator	

02 21 04 Date -04

02 21 04

Date

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