## PO4BBBY4970

| (Requestor's Name)                      |                    |                |  |
|-----------------------------------------|--------------------|----------------|--|
| (Address)                               |                    |                |  |
| (Address)                               |                    |                |  |
| (Cit                                    | ty/State/Zip/Phone | <b>&gt;</b> #} |  |
| PICK-UP                                 | ☐ WAIT             | MAIL           |  |
| (Business Entity Name)                  |                    |                |  |
| (Document Number)                       |                    |                |  |
| Certified Copies                        | _ Certificates     | s of Status    |  |
| Special Instructions to Filing Officer: |                    |                |  |
| ÷                                       |                    |                |  |
|                                         |                    |                |  |
|                                         |                    |                |  |
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Office Use Only



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W. 18.00

## TRANSMITTAL LETTER

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

| SUBJECT:              | MALCOLM WALL FINISHES, INC.                |                                                    |                                                                          |
|-----------------------|--------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|
|                       | (PROPOSED CORPORA                          | ATE NAME – <u>MUST INCL</u>                        | UDE SUFFIX)                                                              |
| Enclosed are an orig  | rinal and one (1) copy of the ar           | ticles of incorporation and                        | d a check for:                                                           |
| \$70.00 Filing Fee    | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  OPY REQUIRED |
| FROM:                 |                                            | LENTINE MALCOLM (Printed or typed)                 |                                                                          |
| 1239 S.W. 35TH AVENUE |                                            |                                                    |                                                                          |
| ,                     | FORTLAUDERDALE, FL                         | ORIDA 33312-2788                                   |                                                                          |
|                       |                                            | 954 327 1647 Telephone number                      |                                                                          |

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: MALCOLM WALL FINISHES, INC.

SECOND

The period of its duration is: Indefinitely

THIRD

The purpose of the corporation is: WALL FINISHES

FOURTH

The aggregate number of authorized shares is: 200

FIFTH

The corporation will not commence business until at least \$1000.00 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock are authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are:

Approved by the Board of Directors of this corporation.

EIGHTH

Provisions for regulating the internal affairs of the corporation are:

The managing partner of the corporation will be

responsible for all day to day operations.

NINTH

SECOT TARY OF STATE
DIVISION COMPORATIONS

01. HAR -5 AM 10: 16

The address of the initial registered office of the corporation is:

1239 S.W. 35th Avenue Fort Lauderdale, Florida 33312-2788 and the name of its initial registered agent at such address is:

CIEMENT URIENTH

TENTH

Address of the principal place of business is:

1239 S.W. 35th Avenue Fort Lauderdale, Florida 33312-2788

## ELEVENTH

The number of directors constituting the initial board of directors of the corporation is One, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

| Name                       | Address                                                      |  |
|----------------------------|--------------------------------------------------------------|--|
| Clement Valentine Malcolm  | 1239 S.W. 35th Avenue Fort Lauderdale, Florida 33312-2788    |  |
|                            |                                                              |  |
|                            | TWELFTH                                                      |  |
| The name and address of ea | ch incorporator is:                                          |  |
| Name                       | Address                                                      |  |
| Clement Valentine Malcolm  | 1239 S.W. 35th Avenue<br>Fort Lauderdale, Florida 33312-2788 |  |
|                            |                                                              |  |

Date: August 22nd, 2003

Zanvary 204 2004

Cloud Mullalan

Clement Valentine Malcolm, Incorporator

Having Been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the oblications of my postion as registered agent.

Cloner Malcolon

Clement Valentine Malcolm, Registered Agent