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SECULOS EL PLORIDO

TRANSMITTAL LETTER

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

		(Proposed corporate name - must include suffix)			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
S78.75 Filing Fee & Certificate of Status	21\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate			
	ADDITIONAL COPY REQUIRED				
	\$78.75 Filing Fee & Certificate of	T \$78.75 Piling Fee & Filing Fee Certificate of & Certified Copy Status			

Name (Printed or typed)

290/ U BUSCH BLVd # 1005

Address

TAMPA | FLORIDA 336/8

City, State & Zip

813-936-9556

Daytime Telephone number

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

FILED

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SECHLIALLUF STATE TALLAHASSEE, FLORID:

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a co poration under the Florida Business Corporation Act , hereby adopts the following Arti-le : of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: K.B DRYWALL, Inc.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this to poration shall be: 219 CHARDONAY PL Valrico, FL. 33594

ARTICLE 111 SHARES

The number of shares of stock that this corporation is autho iz id to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND TREET ADDRESS

The name and Florida street address: Robert Lyons 2901 W. BUSCH BLVD. **SUITE # 1005** Tampa, FL. 33618

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Article . o' incorporation are: Kim Bruce 219 CHARDONAY PL Valrico, FL. 33594

4-8-04 Date

(An additional article must be added if a unffective date is requested)

Having been named as registered agent and to accept service c process for the above stated corporation at the place designated in this certificate, I hereby accept the app sintment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all status relating to the proper and complete performance of my duties, and I am familiar with a id accept the obligations of my position as registered agent

4-8-04 Date