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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TAILANASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: McK	innon Decking, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUPPLY)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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 PY REQUIRED
FROM: R	obert W. Clark	(Printed or typed)	<u> </u>
	100 North Tampa Street, \$		
	Tampa, FLorida 33602	, State & Zip	
	813-226-1880		
	Daytime	l'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: McKinnon Decking, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 18135 Crawley Road Odessa, Florida 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100 (One Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kenneth McKinnon - President/Director 18135 Crawley Road Odessa, Florida 33556 Dennis Bentz - Vice President/Director 105 Clove Court Longwood, Florida 32750

ARTICLE VI REGISTERED AGENT

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

Kenneth McKinnon 18135 Crawley Road Odessa, Florida 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert W. Clark 100 North Tampa Street - Suite 2120 Tampa, Florida 33602

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 familian with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

4/6/04

Date

Date

O4 APR 14 PN 2: 24
SECRETARY OF STATE
TALL AHASSEE, FLORIDA