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TRANSMITTAL LETTER

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

SUBJECT: Crow	vson Subcontractors, Inc.		
30B0EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orio	inal and one (1) copy of the arti	cles of incornoration and	a check for:
inclosed are an one	mar and one (1) copy or are are		
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
ū	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: D	aniel W Crowson		
1 KOM	Name	(Printed or typed)	·
	30 Natural Springs Ln		
		Address	
	Sopchoppy FL 32358		
	City	, State & Zip	
	850-962-2480		
	Daytime 1	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)

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ARTICLE I NAME

The name of the corporation shall be:

Crowson Subcontractors, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 30 Natural Springs Ln Sopchoppy FL 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Framing

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Daniel W Crowson 30 Natural Springs Ln Sopchoppy FL 32358

President

Jonathan T Crowson 56 Natural Springs Ln Sopchoppy FL 32358 V-President

ARTICLE VI REGISTERED AGENT

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

Daniel W Crowson 30 Natural Springs Ln Sopchoppy FL 32358

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daniel W Crowson 30 Natural Springs Ln Sopchoppy FL 32358