(Requestor's Name) (Address) (Address)	900038344149
(City/State/Zip/Phone #)	07/01/0401049009 **78.75
Certified Copies Certificates of Status	04 JUL 14 PH 4: 20 DELARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	1404 July

TRANSMITTAL LETTER

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

هي الله ا

SUBJECT: National Blast Laminators, Ltd. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

□ \$70.00 Filing Fee

S78.75 Filing Fee & Certificate of Status ☑ \$78.75
☐ \$87.50
Filing Fee
& Certified Copy
& Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Eugene D. Ashman CPA

Name (Printed or typed)

P.O. Box 3990

Address

Spring Hill, FL 34611-3990 City, State & Zip

352-666-5557

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 2, 2004

. . . .

EUGENE D ASHMAN 1366 PINEHURST DR STE 1366 SPRING HILL, FL 34606

SUBJECT: NATIONAL BLAST LAMINATORS, LTD. Ref. Number: W04000025516

We have received your document for NATIONAL BLAST LAMINATORS, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist New Filings Section

Letter Number: 404A00043093

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:

NATIONAL BLAST LAMINATORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11216 MERCEDES ST., SPRING HILL, FL 34609

ARTICLE III ___ PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL GENERAL BUSINESS AND CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 1,000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PHILLIP L. WILLHITE, PRESIDENT AND TREASURER CHRISTY L. WILLHITE, SECRETARY AND VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is: EUGENE D. ASHMAN, 1366 PINEHURST DRIVE, SUITE 1366, SPRING HILL, FL 34606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: EUGENE D. ASHMAN, P.O. BOX 3990, SPRING HILL, FL 34611-3990

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this serificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature Registered Agent corporator ligna

FILED

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