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SECRETARY OF STATE
TALLAHASSEE

TRANSMITTAL LETTER

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

SUBJECT: Showca	ase Restorations & Company, Inc	;.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: Sho	owcase Restorations & Company	(Printed or typed)	
<u>:</u>	3006 SW 23rd Street	Address	
9	Gainesville, Florida 32608 City,	, State & Zip	
<u>:</u>	352-316-0341 Daytime 1	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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Showcase Restorations & Company, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3006 CW 23rd Street 21203 NW 2to Ave
Gainesville, Florida 32608 Charles Hugh Springs, FL 32643

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Painting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wanda D. Wilson-President P.O. Box 238 High Springs, Florida 32655 Nicholas R. Wilson-VP, Secretary, Treasurer P.O. Box 1022 High Springs, Florida 32655

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nicholas R. Wilson 3006 SW 23rd Street Gainesville, Florida 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicholas R. Wilson 3006 SW 23rd Street Gainesville, Florida 32608

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

Signature/Registered Agent

ignature/Incomprator

Signature/Incorporator

7-9-64

Date