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04 AUG 26 PM 12:37

## TRANSMITTAL LETTER

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

SUBJECT: QUICK DRAW MOGRAH, Inc  
(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  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: James A. Littrell  
Name (Printed or typed)

1691 SW Daysland Ave  
Address

Port St Lucie FL 34953  
City, State & Zip

(772) 344-2715 or cell # (772) 486-5226  
Daytime Telephone number

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**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: *Quick Draw Mograph, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *1691 SW Daysland Ave.  
Port St. Lucie, FL 34953*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Construction (Drywall + Metal frame)*

**ARTICLE IV SHARES**

The number of shares of stock is: *1 (one)*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): *JAMES A. Littrell (owner)  
1691 SW Daysland Ave  
Port St Lucie FL 34953*

**ARTICLE VI REGISTERED AGENT**

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

*JAMES A. LITTRELL  
1691 SW DAYS LAND AVE  
PORT ST LUCIE, FL 34953*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*JAMES A LITTRELL  
1691 SW Daysland Ave  
Port St Lucie, FL 34953*

\*\*\*\*\*

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

*James Littrell*  
\_\_\_\_\_  
Signature/Registered Agent

*8-19-04*  
\_\_\_\_\_  
Date

*James Littrell*  
\_\_\_\_\_  
Signature/Incorporator

*8-19-04*  
\_\_\_\_\_  
Date