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STATE OF CORPORATIONS
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## TRANSMITTAL LETTER

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

SUBJECT: C	APEN BUILDERS INC.			
	(PROPOSED CORPORAT	E NAME - MUSTINCE	UDESUBBIX)	
Enclosed are an or	iginal and one (1) copy of the artic	les of incorporation and	a check for:	<b>I</b>
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	DAVID W. CAPEN			
	Name (	Printed or typed)		- · · · · · · · · · · · · · · · · · · ·
	6008 WEST SITKA STREET	ddress		
	A	ddiess		
	TAMPA, FL 33634	State & Zip		
	3.5,			
	813-417-2871			
Daytime Telephone number				

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 13, 2004

DAVID W CAPEN 6008 WEST SITKA STREET TAMPA, FL 33634

SUBJECT: CAPEN BUILDERS INC. Ref. Number: W04000034061

We have received your document for CAPEN BUILDERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6931.

Letter Number: 004A00054471

Becky McKnight Document Specialist New Filings Section

# 04 SEP 22 PM 1:27

### 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:

CAPEN BUILDERS INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6008 WEST SITKA STREET TAMPA, FLORIDA 33634

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESIDENTIAL REMODELING

### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID WINSLOW CAPEN, PRESIDENT 6008 WEST SITKA STREET TAMPA, FL 33634

### ARTICLE VI REGISTERED AGENT

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

DAVID WINSLOW CAPEN 6008 WEST SITKA STREET TAMPA, FL 33634

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID WINSLOW CAPEN 6008 WEST SITKA STREET TAMPA, FL 33634

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

7/7/0°

Date

Signature/Incorporator

9-9-04

DAVID W. CAPE