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(Requ	lestor's Name)
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×	State/Zip/Phone #)
(Busir	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fill	ing Officer:
	Office Use Only



09/30/04--01030--010 **87.50



TRANSMITTAL LETTER

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

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NC **SUBJECT:** (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

3 \$78.75 Filing Fee & Certificate of Status

\$78.75 **24** \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED HUCK Neel FROM: _ Name (Printed or typed) 2872 Madison St Address MARIANNA FU 32446 City, State & Zip 850 209 4266 Daytime Telephone number

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

Articles of Incorporation for Chuck A. Neel Elevation

Article I The name of the corporation shall be Chuck A. Neel Elevation, Inc.

Article II The principle place of business and mailing address are:

2872 Madison St Marianna, FL 32446

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PO Box 26 Marianna, FL 32447

Article III The purpose for this organization is sales and installation of residential elevators.

Article IV The number of stock shares is one hundred(100). The shares are divided as follows: Chuck Neel 51 shares, Chris Bailey 25 shares, Peter Knolla 24 shares

Article V

Chuck Neel, 2872 Madison St Marianna, FL 32446 President

Chris Bailey, 4500 Putnam St Marianna, FL 32446 Vice President

Peter Knolla 4500 Putnam St Marianna, FL 32446 Secretary

Article VI

The name and Florida street address of registered street address is Chuck Neel, 2872 Madison St., Marianna, FL 32446.

Article VII The name and address of the Incorporator is Chuck Neel, 2872 Marianna, FL 32446.

Registered Agen Incorporator

<u>9/25/04</u> Date <u>9/25/04</u>