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TRANSMITTAL LETTER

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

SUBJECT: Sheldon Coofine (PROPOSED CORPORAL)	r Inc.	
(PROPOSED CORPORA)	Æ NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
▼ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
255 North	ddress	
Monticello, F/City, S (850) 32	32344 State & Zip 2-8700 Elephone number	
Daytime Te	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)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: She/Son Roofing Incompliance of business/mailing address is: North Water St.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 255 North Water St. Monticello, FL. 32344
ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Roofing And Contouction
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): Bry M. Shelder (OWNER) QSS North Water St. Monticello, FL. S2344
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: TOAY M. Shelfon 255 North Water St Monticello, FI, 32344
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is: Toly M. She Jon 255 North WAlter St.
Monticello, FL. 32344

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
102 M. Shella 10/22/04
Signature/Registered Agent Date
10 ng M. Mildon 10/29/04
Signature/Incorporator Date