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DIVISION OF CONTRACTORS.

TRANSMITTAL LETTER

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

SUBJECT:_	COPESTYLE DRYWAL (PROPOSED CORPORATE NAME				
Enclosed are	e an original and one (1) copy of the	articles o	of incorporation and a	check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM:_	Reginald Dale Cope	Name (Pri	nted or typed)		
_	5606 Vista Verde Street	Address			
	Jacksonville FL 32244	City, Stat	e & Zip		
	(904) 838-6235	Daytime [*]	Telephone Number		

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

TARY OF STATE TĂLLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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NAME

The name of the corporation shall be:

COPESTYLE DRYWALL, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 5606 Vista Verde Street Jacksonville FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall Contracting

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addresses) and specific titles(s): Reginald Dale Cope, President 5606 Vista Verde Street Jacksonville FL 32244

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Reginald Dale Cope 5606 Vista Verde Street Jacksonville FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Donald J. Segui 2120 US 1 South, Suite 115 St Augustine FL 32086

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 capa(it)

Signature/Registered Agent