

PD5000004622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

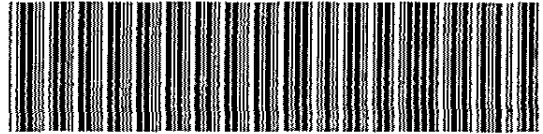
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 1-11

## TRANSMITTAL LETTER

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

**SUBJECT:** Metal Roofing Experts, 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:** Mark Steffler

Name (Printed or typed)

5215-94th Place

Address

Sebastian, FL 32958

City, State & Zip

772-581-8421

Daytime Telephone 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)

**ARTICLE I NAME**

The name of the corporation shall be:

Metal Roofing Experts, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5215-94th Place  
Sebastian, FL 32958

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Metal Roofing Installation

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Mark Steffler  
5215-94th Place  
Sebastian, FL 32958  
President

**ARTICLE VI REGISTERED AGENT**

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

Mark Steffler  
5215-94th Place  
Sebastian, FL 32958

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

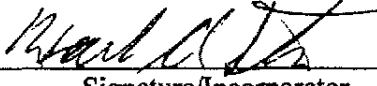
Mark Steffler  
5215-94th Place  
Sebastian, FL 32958

\*\*\*\*\*

*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

Jan 6 2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Jan 6 2005  
\_\_\_\_\_  
Date

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05 JAN 10 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA