

POS000017807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

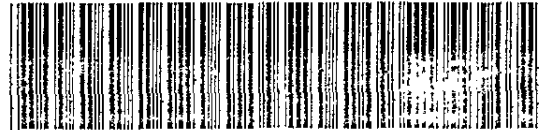
(Document Number)

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NOTARY STATE  
FLORIDA

15  
2-3

## TRANSMITTAL LETTER

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

**SUBJECT:** Top Notch Carpentry of Vero Beach 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:** Ed Stahlin, Enitia Corporation  
Name (Printed or typed)

P.O. Box 495

Address

Dexter, MI 48130

City, State & Zip

1-734-426-3361

Daytime Telephone number

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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**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:

**Top Notch Carpentry of Vero Beach Inc.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**5976 20th St. #187  
Vero Beach, Florida 32966**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Any lawful purpose.*

## ARTICLE IV SHARES

The number of shares of stock is: **7500**

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): **N/A**

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**Craig E. Nunes  
5976 20th St. #187  
Vero Beach, FL 32966**

## ARTICLE VII INCORPORATOR

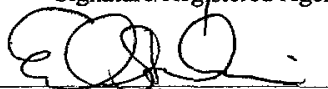
The name and address of the Incorporator is:

*Edward Smith*  
Enitia Corporation  
P.O. Box 495  
Dexter, MI 48130

\*\*\*\*\*  
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

1/17/05  
\_\_\_\_\_  
Date

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

1/24/05  
\_\_\_\_\_  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA