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| (Address)                               |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only

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### TRANSMITTAL LETTER

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

| SUBJECT: Florida     | Texture Services, Inc.          |                                 |                                 |
|----------------------|---------------------------------|---------------------------------|---------------------------------|
| <del>-</del>         | (PROPOSED CORPORA               | ATE NAME – <u>MUST INCL</u>     | UDE SUFFIX)                     |
|                      |                                 |                                 |                                 |
|                      |                                 |                                 |                                 |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and     | a check for:                    |
| \$70.00              | <b>☑</b> \$78.75                | \$78.75                         | □ \$87.50                       |
| Filing Fee           | Filing Fee                      | Filing Fee                      | Filing Fee,                     |
| 1 mig 1 co           | & Certificate of Status         | & Certified Copy                | Certified Copy & Certificate of |
|                      |                                 | Status ADDITIONAL COPY REQUIRED |                                 |
|                      |                                 |                                 |                                 |
| FROM: Mic            | chael R. Sheeks                 |                                 |                                 |
|                      | Nam                             | e (Printed or typed).           | * .                             |
|                      |                                 |                                 | •                               |
|                      | 1112 Pinehurst Road             | <u>_</u>                        |                                 |
|                      |                                 | Address                         |                                 |
| I                    | Dunedin, Florida 34698          |                                 |                                 |
|                      |                                 | y, State & Zip                  | <del></del>                     |
|                      | 727 734-2525                    | •                               |                                 |
|                      |                                 | Telephone number                | <del></del>                     |

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)

## OS FEB 17 PH 2: 40

#### ARTICLE I NAME

The name of the corporation shall be:

Florida Texture Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1112 Pinehurst Road Dunedin, Florida 34698

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide labor, material and equipment used to texture commercial, multi-family projects in the state of Florida

#### 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):

Michael R. Sheeks - President - 1112 Pinehurst Road, Dunedin, Florida 34698

Scott Lee Sheeks - Vice-President - 1112 Pinehurst Road, Dunedin, Florida 34698

#### ARTICLE VI REGISTERED AGENT

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

Michael R. Sheeks 1112 Pinehurst Road Dunedin, FLorida 34698

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael R. Sheeks 1112 Pinehurst Road Dunedin, FLorida 34698

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 | Date

Signature/Incorporator

2/14/os Date