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(Requestor's Name)				
(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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TRANSMITTAL LETTER

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

SUBJECT: CALAVIZ DOUGALL CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(1.101.0422.00.14.011.1.			
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Tamaca Lyon Clark Name (Printed or typed)				
2215 Tallohassee Drive				
	Tallahassee, Fl	State & Zip		
850-264-6748 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)	THE SERVICE STATES
The name of the corporation shall be: Galaviz Drywall, Ind	The state of the s
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2015 Toulahas Taulahassee, FC.	sec Drive 32309
The purpose for which the corporation is organized is: Any and All law	ful Business.
ARTICLE IV SHARES The number of shares of stock is: \	3930 Picsii
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Tamora Lynn Clor Tulian Borjas Galaviz 245 Saddle Horse Ling Rene Duque Borjas 245 Saddle Horse Ling ARTICLE VI REGISTERED AGENT	L 2215 Tallahassee Dri. Wife President-32304 Director -32304 Jall. H.
The name and Florida street address (P.O. Box NOT acceptable) of the register	
Tomara Lynn Clark 2215 TaliahasseeDrive	
Talahasse, FL. 32309 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Tamara Lynn Clark 2215 Talianassee Drive	ii 🔻
Tallahase Fl. 33309	*******
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act it	ration at the place designated in this in this capacity
Signature/Registered Agent	3-8-05 Date
Signature/Incorporator	3-8-05 Date
	Daic