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TRANSMITTAL LETTER

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

□ \$70.00

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SUBJECT: A GROWN MOLDING SPECIALIST, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

& Certificate of Status	& Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: A CROWN MOUNTAINE	SPECIALIT INC. Printed or typed)
1601 ARTHUR	STREET, APT 205
Hourwood, FL	- 33020 State & Zip
(954) 665 5640 Daytime Te	elephone number

\$78.75

Filing Fee

\$87.50

Filing Fee,

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: MOLDING SPECIALUT, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTHUR STREET, APT 205 HOLLYWOOD FL 3302 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: 100 <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u> List name(s), address(es) and specific title(s): SHAWN KELKER - PRESIDENT - 1609 ALTHOR ST APT 205 HOLYWOOD &L 33020 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 1609 ARTHUR ST APT 205 HOLLYWOOD FL 33020 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SHAWN YELKER 1601 ARTHUR STREET, APT 805 HOLLYOUDD FL. 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

Signature/Incorporator