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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificates o	of Status
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Special Instructions to Filing Officer:		
	Office Use Only	



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05 MAY 23 AM 9: 22 CHAR'S

J.Shivers MAY 25 2005

### TRANSMITTAL LETTER

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

# SUBJECT: SOUTHERN SHORE WOOD WORKING INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

STO.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status \$78.75\$87.50Filing FeeFiling Fee& Certified CopyCertified& Certified Copy& Certified

Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JOSEPH CASSANITI

Name (Printed or typed)

 1053 SW BILTMORE STREET
 05
 07

 Address
 07
 07

 PORT ST LUCIE, FL 34984
 23
 07

 City, State & Zip
 07
 07

 772 528-3073
 90
 07

 Daytime Telephone number
 23
 07

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:

SOUTHERN SHORE WOOD WORKING INC

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1053 SW BILTMORE STREET PORT ST LUCIE, FL 34984W

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WOOD WORKING

#### ARTICLE IV SHARES

The number of shares of stock is: 200

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

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

JOSEPH CASSANITI 601 STOW TERRACE PORT ST LUCIE, FL 34984 PRESIDENT BARRY GAINES 5845 COROSO AVE PORT ST LUCIE, FL 34986 V.P

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: JOSEPH CASSANITI 601 STOW TERRACE PORT ST LUCIE, FL 34984

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: JOSEPH CASSANITI 601 STOW TERRACE PORT ST LUCIE, FL 34984

***********	******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this c	at the place designated in this apacity
X dall	
Signature/Registered Agent	Date
N Signature/Incorporator	Date

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