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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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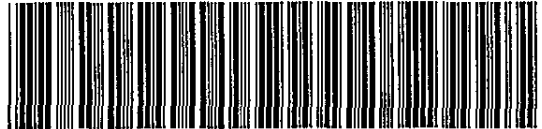
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Burch JUL 7 2005

TRANSMITTAL LETTER

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

SUBJECT: CLARKE'S HOME IMPROVEMENTS 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: IAN CLARKE
Name (Printed or typed)

12400 91ST AVENUE

Address

SEMINOLE, FL. 33772

City, State & Zip

727-507-9255

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)

ARTICLE I NAME

The name of the corporation shall be: *CLARKE'S HOME IMPROVEMENTS INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *12400 91ST AVE. N.
SEMINOLE, FL 33772*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HOME IMPROVEMENT

ARTICLE IV SHARES

The number of shares of stock is: *100 SH*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*IAN CLARKE
12400 91ST AVE N. PRESIDENT
SEMINOLE, FL. 33772*

ARTICLE VI REGISTERED AGENT

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

*GARY S. HOLCK
1961 A.V. IS CIRCLE
CLEARWATER, FL. 33764*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*IAN CLARKE
12400 91ST AVE. N.
SEMINOLE, FL. 33772*

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]

Signature/Registered Agent

6/30/05

Date

X [Signature]

Signature/Incorporator

6/30/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA