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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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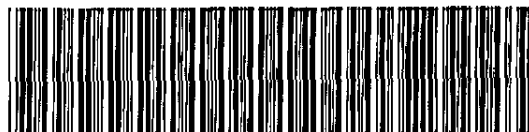
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 JUL 11 AM 9:36

CLERK OF COURT  
JUL 11 2005

J. Shivers JUL 13 2005

## TRANSMITTAL LETTER

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

SUBJECT: ROSIER STUCCO 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: ROSIER EXIME  
Name (Printed or typed)

1805 Kimberly Jeanne cir #1923  
Address

APOPKA FL 32703  
City, State & Zip

(321) 274-2857  
Daytime Telephone number

05 JUL 11 AM 9:34

RECEIVED  
DIVISION OF CORPORATIONS

**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:

ROSIER STUCCO INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

750 South Orange Blossom Trail, Suite #206  
Orlando FL 32805

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation may transact any and all lawful business which  
Corporations may be incorporated under the laws of State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

The aggregate number of shares, which the Corporation shall have the authority to issue five thousand shares.

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

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

FALEN ALEXANDRE : 1805 Kimberly Jean Cir # 1923, APOPKA FL 32703  
ROSIER EXIME: 1805 Kimberly Jean Cir # 1923, APOPKA FL 32703

### **ARTICLE VI REGISTERED AGENT**

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

ROSIER EXIME: 1805 Kimberly Jean Cir # 1923  
APOPKA FL 32703

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROSIER EXIME: 1805 Kimberly Jean Cir # 1923  
APOPKA FL 32703

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CLERK OF COURT  
STATE OF FLORIDA

\*\*\*\*\*

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

Rosier Exime

Signature/Registered Agent

7-6-05

Date

Rosier Exime

Signature/Incorporator

7-6-05

Date