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# TRANSMITTAL LETTER

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

SUBJECT:	Exterior Accents, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
□ ¢70.00	<b>\$78.7</b> 5	\$78.75	<b>2</b> \$87.50	
\$70.00		1	•	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate of Status	& Certified Copy	& Certificate of	
			Status	
	ADDITIONAL COPY REQUIRED			
		ADDITIONAL CC	A I REQUIRED	
	Wallene Maray			
FROM: _	Name (Printed or typed)			
	1 vanie	(i limor or typod)		
	279 Velveteen Place			
Address				
	Chuluota, FL 32766			
		, State & Zip		
	•	-		
	407-971-3870			
		Telenhone 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:

Exterior Accents, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 279 Velveteen Place Chuluota, FL 32766

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do any and all business

#### ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wallene Maray

Angel Maray

President

Vice President

279 Velveteen Place

279 Velveteen Place

Chuluota, FL 32766

Chuluota, FL 32766

## ARTICLE VI REGISTERED AGENT

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

Wallene Maray 279 Velveteen Place Chuluota, FL 32766

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wallene Maray 279 Velveteen Place Chuluota, FL 32766

Signature/Incorporator-

Data