

P05000122470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

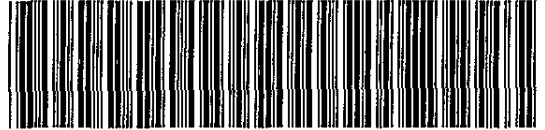
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/06/05--01016--006 \*\*78.75

05 SEP -6 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

9/7/05  
BWK

**TRANSMITTAL LETTER**

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

**SUBJECT:** JJL REMODELING 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** JOHN JOSEPH LEROY  
Name (Printed or typed)

609 SOUTH CENTRAL AVE  
Address

OVIEDO, FLORIDA, 32765  
City, State & Zip

321-202-4460  
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)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

JJL REMODELING INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

609 SOUTH CENTRAL AVE  
OVIDO FLORIDA, 32765

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

JOHN JOSEPH LEROY - PRESIDENT  
609 SOUTH CENTRAL AVE  
OVIDO FL 32765

**ARTICLE VI REGISTERED AGENT**

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

JOHN JOSEPH LEROY  
609 SOUTH CENTRAL AVE  
OVIDO FLORIDA 32765

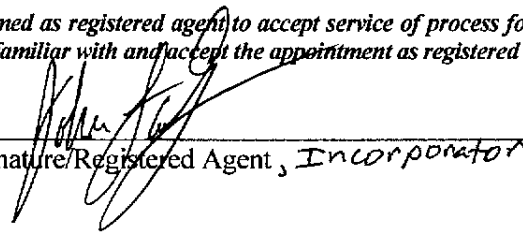
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOHN JOSEPH LEROY  
609 SOUTH CENTRAL AVE  
OVIDO FLORIDA 32765

\*\*\*\*\*

*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, Incorporator

8/17/05  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date