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(Requestor's Name)

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(Address)

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(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

*[Signature]*  
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06 FEB -7 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: FSM Operations, 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

<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: Craig J. Koop

Name (Printed or typed)

1250 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

(847) 495-3070

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:

FSM Operations, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11840 Metro Parkway  
Ft. Myers, FL 33908

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

distributor of aluminum products

## **ARTICLE IV SHARES**

The number of shares of stock is:

1,000

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

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

Charles Hurt, President  
11840 Metro Parkway  
Ft. Myers, FL 33908

## **ARTICLE VI REGISTERED AGENT**

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

Charles Hurt  
11840 Metro Parkway  
Ft. Myers, FL 33908

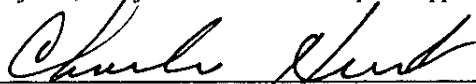
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

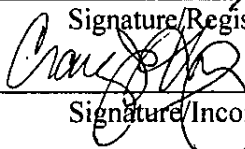
Craig J. Koop  
1250 Barclay Blvd.  
Buffalo Grove, IL 60089

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*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



Signature/Incorporator

1/6/06

Date

1/6/06

Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA