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| PICK-UP                                 | ☐ WAIT              | MAIL            |
| (Bu                                     | siness Entity Nar   | ne)             |
| (Document Number)                       |                     |                 |
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| Certified Copies                        | Certificates        | of Status       |
| Special Instructions to Filing Officer: |                     |                 |
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SECRETARY OF STATE
ALL ARRESTS EL COURA

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## **COVER LETTER**

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

| SUBJECT: B                                 | ackdraft Cons                       | truction                   | Inc.                    |  |
|--|-------------------------------------|----------------------------|-------------------------|--|
| · · · · ·                                  | (PROPOSED CORPORAT                  | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u> )     |  |
|  |                                     |                            |                         |  |
| Enclosed are an orig                       | ginal and one (1) copy of the artic | eles of incorporation and  | a check for:            |  |
| \$70.00                                    | \$78.75                             | \$78.75                    | \$87.50                 |  |
| Filing Fee                                 | Filing Fee                          | Filing Fee                 | Filing Fee,             |  |
|  | & Certificate of Status             | & Certified Copy           | Certified Copy          |  |
|  |                                     |                            | & Certificate of Status |  |
|  |                                     | ADDITIONAL CO              |                         |  |
|  | !                                   |                            |                         |  |
|  |                                     | , ,                        |                         |  |
| FROM: Wade Saulter Name (Printed or typed) |                                     |                            |                         |  |
| Name (Printed or typed)                    |                                     |                            |                         |  |
| 3737 El Jobean Rd                          |                                     |                            |                         |  |
|  | Port Charlotte                      | F/ 339,                    | 53                      |  |
| 941-258-8471  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                                       |
| ARTICLE I NAME   | 06 APR -7 PM 1:05                           |
| The name of the comparation shall be:  |   |
| Backdraft Construction Inc.  | SECRETARY OF STATE<br>TALL AHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE  |   |
| The principal place of business/mailing address is:  13435 S. $McCa/IRd # 108$   |   |
| Port Charlotte, FL 33981   |   |
| ARTICLE III PURPOSE  |   |
| The purpose for which the corporation is organized is:   |   |
| Construction   |   |
| 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):   |   |
| W. Wade Saulter C.E.O., C.O.O.<br>P. Jill Saulter President  |   |
| 3737 El Jobean Rd  |   |
| Port Charlatte FL 33953  |   |
| Port Charlotte FL 33953 ARTICLE VI REGISTERED AGENT  |   |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered   | ed agent is:                                |
| W Wade Saulter   |   |
| 373) El Jobean Rd  |   |
| Port Charlotte, FL 33953   |   |
| ARTICLE VII INCORPORATOR   |   |
| The name and address of the Incorporator is:  Wade Saulter   |   |
| 3737 El Jobean Rd.   |   |
| Port Charlotte, FL 33953   | ********                                    |
| Having been named as registered agent to accept service of process for the above stated corpore certificate, I am familiar with and accept the appointment as registered agent and agree to act in t |   |
| ( ) / lx   | 4-3-06                                      |
| Stgnature/Registered Agent   | H-3-04<br>Date<br>H-3-04                    |
| )  | 4-3-0/2                                     |
| Signature/Incorporator   | Date  |
| ~ viPrinter a risark areas   |   |