# P060000070997

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# COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	•	era suranianianianianiani era
SUBJECT: LARRY MCKIBBIN FRAMIN (PROPOSED CORPORA)	IG AND TRIM INC TENAME-MUSTINC	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	nd a check for:
\$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	7,007,101,130	0111EQ011E
FROM: <u>LARRY MCKIBBIN</u> Name	(Printed or typed)	
8000 WATKINS RD		
	Address	
HAINES CITY, FL 33844		
City,	State & Zip	
(863) 557-5433		
Daytime T	elephone 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

06 MAY 19 AM 7: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **ARTICLE I NAME**

The name of the corporation shall be:

LARRY MCKIBBIN FRAMING AND TRIM INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8000 WATKINS RD HAINES CITY, FL 33844

#### **ARTICLE III PURPOSE**

The purpose for which this corporation is organized is:

To engage in the construction, repair and remodeling of buildings and other business and contracting work incidental to or connected with such work.

#### ARTICLE IV SHARES

The number of shares of stock is:

300

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name(s), address(es) and specific title(s):

LARRY MCKIBBIN PRESIDENT, SECRETARY, TREASURER 8000 WATKINGS RD HAINES CITY, FL 33844

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LARRY MCKIBBIN 8000 WATKINS RD HAINES CITY, FL 33844

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LARRY MCKIBBIN 8000 WATKINGS RD HAINES CITY, FL 33844

# FILED

06 MAY 19 AM 7: 46

SECRETARY OF STATE TALLAHASSEE, 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.

%ignature/Registered Agent

Signature/Incorporator

Clifford D. Rutlake

5/16/06 Date 5/16/06 Date

State of Florida **County of Polk** 

Subscribed to before the on this 16th day of \_\_\_\_

CLIFFORD D. RUTLEDGE Notary Public - State of Florida Commission Expires Jan 30, 2010 Commission # DO 491524

