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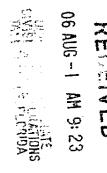
(Requestor's Name)
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COVER LETTER

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

SUBJECT:	PROPOSED CORPORAT	S TENAME - MUST INCL	Carpentry ODE SUPPIX	Inc.	
Enclosed are an orig	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	eles of incorporation and \$78.75 Filing Fee & Certified Copy	l a check for: \$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status DPY REQUIRED		
FROM: Mark D Williams Name (Printed or typed)					
2010 Samontes Address					
Jacksonville F1 30211 City, State & Zip					
Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be:	ns (Arpentry Ir
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	SAMONTEC rulle, FI 32211
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL Legal Business P CALPENTY ARTICLE IV SHARES The number of shares of stock is:	ertaining to
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Mark W Delevia N'. (ole	illiams (Pres.) Williams (Vice Prosi Jones (Sec.)
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the color of th	the registered agent is: OF AU TALLA
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MARK D. W. II. CMS Jackson alle F1 3 3 2 11	JG-I AM 9: 30 HASSEE, FLORIUM
Having been named as registered agent to accept service of process for the above scertificate, I am familiar with and accept the appointment as registered agent and ag	stated corporation at the place designated in this
Signature/Registered Agent	Date

ARTICLES OF INCORPORATION