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COVER LETTER

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

suprece. Ston	e Veneer Creations, Inc		
SUBJECT: Otom	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	•		
Enclosed are an original	ginal and one (1) copy of the arti	cles of incornoration and	a check for
	gram and one (1) copy of me and	The state of the s	a one on
✓ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
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		ADDITIONAL CO	
		•	
FROM: Ja			
	Name	(Printed or typed)	
	1909 N. Tamiami Trail		
Address			
	N. Ft. Myers, FL 33903		
		State & Zip	
	239-384-1981		
	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)

ARTICLE I NAME

The name of the corporation shall be:

Stone Veneer Creations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1909 N. Tamiami Trail, North Ft. Myers, FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct a service business for profit

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jack Long, 262 NE 20th Ct., Cape Coral, FL 33909, President, Secretary, 50% Steven Brown, 405 Richmond Ave.N., Lehigh Acres, FL 33972, Vice President, Treasurer, 50%

ARTICLE VI REGISTERED AGENT

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

Jack Long, 1909 N. Tamiami Trail, N. Ft. Myers, FL 33903

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jack Long, 1909 N. Tamiami Trail, N. Ft. Myers, 33903

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***************	***********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered age.	e above stated corporation at the place designated in this nt and agree to act in this capacity
	6.27.07
Signature Registered Agent	Date
	6.27.07
Signature/Incorporator	Date
(

07 JUL -2 AM 9: 42 SECRETARY OF STATE FALL AHASSEE, FLORIDA