

207 00 0890368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

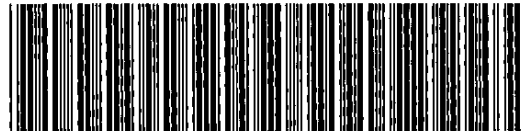
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. Shivers AUG 13 2007

COVER LETTER

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

SUBJECT: Josh Rivas Drywall 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Josh SAMUEL MENSIVAR RIVAS  
Name (Printed or typed)

P.O. BOX 112  
Address

GREENSBORO FL 32330  
City, State & Zip

850) 856-5657  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

JOSE RIVAS DRYWALL INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O BOX 112 GREENSBORO FL 32330

2421 Mt Pleasant Rd Quincy FL 32352

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

P. JOSE SAMUEL MENSIVAR RIVAS  
P.O BOX 112 GREENSBORO FL 32330

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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


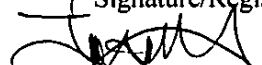
JOSE SAMUEL MENSIVAR RIVAS  
2421 Mt Pleasant Rd Quincy  
FL 32352

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOSE RIVAS  
P.O BOX 112 GREENSBORO FL 32330

\*\*\*\*\*  
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

X   
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

8-13-07  
\_\_\_\_\_  
Date  
8-13-07  
\_\_\_\_\_  
Date