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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/11/08

COVER LETTER

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

SUBJECT: Port Hardwood Distributors and Accessories, 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: Stacey Pourakis
Name (Printed or typed)

1021 NW Leonardo Circle
Address

Port Saint Lucie, Florida 34986
City, State & Zip

772-345-2245
Daytime Telephone number

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:
Stacey Pourakis 1021 NW Leonardo Circle Port Saint Lucie, Fl. 34986

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

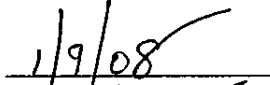
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Stacey Pourakis 1021 NW Leonardo Circle Port Saint Lucie, Fl. 34986


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



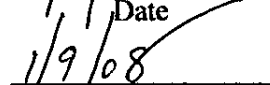
Signature/Registered Agent



Date



Signature/Incorporator



Date