## PO80000 14815

(Requestor's Name)				
(Address)				
(Ac	idress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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26

## TRANSMITTAL LETTER

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

SUBJECT:/	(PROPOSED CORPORA)		JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Maurice Dean Hazen  Name (Printed or typed)  624 Cardinal Street  Address				
	(407) 4	3476/ State & Zip 166-0190	<u> </u>	

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: M.D. H. Stucco Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 624 Cardinal St. Ococe Fl. 34761 ARTICLE III PURPOSE The purpose for which the corporation is organized is: subcontract stucco ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Maurice Dean Hazen 624 Cardinal St. Ococe Fl. 34761 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Maurice Dean Hazen 624 Cardinal St. Ococe Fl. 34761 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

ARTICLÉS OF INCORPORATION

Signature/Incorporator