

08000033604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

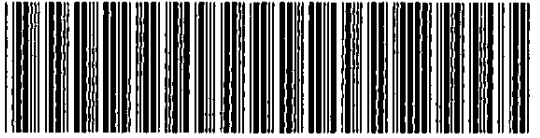
(Business Entity Name)

(Document Number)

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08 MAR -6 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2008

STEPHAINE L ADKINS  
PO BOX 974  
MULBERRY, FL 33860

SUBJECT: FDI DRYWALL INC.  
Ref. Number: W08000013686

We have received your document for FDI DRYWALL INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 808A00015729

march, 12, 2008

TO Whom it may Concern:

When you mail back my paperwork please mail it back to the Business Address, P.O. Box 974, Mulberry FL, 33860.

~~DO NOT MAIL IT TO MY HOME ADDRESS:  
6431 County Line Rd. Port City, FL, 33567.~~

I only receive mail at the post office Box listed above, I do not have a mail box at my home address. Please send them to the post office Box or I will never receive them! Thank-You So much for your help!

Stephani L Adkins

If you have any questions about this matter or I forgot something, please call me anytime at 813-752-1059 or 386-~~576~~ 576-3638

Thank-You again

**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: **FDI Drywall Inc**

**FILED**  
08 MAR - 6 PM 1: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

*mailing address*  
**Business Address - P.O. Box 974  
6431 County Line Rd molberry FL, 33860  
Plant City FL, 33567**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Custom Drywall Interiors and  
repairs.*

**ARTICLE IV SHARES**

The number of shares of stock is: **100 shares**

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

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

**Robert L Folve - 6431 County line Rd. Plant city FL, 33567  
vice president**

**ARTICLE VI REGISTERED AGENT**

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

**Stephanie L Adkins - 6431 county line Rd. Plant city FL, 33567**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**Stephanie L Adkins  
6431 County Line Rd  
Plant City FL, 33567**

\*\*\*\*\*  
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

Stephanie L Adkins  
Signature/Registered Agent

1-25-08  
Date

Stephanie L Adkins  
Signature/INCORPORATOR

1-25-08  
Date