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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
11/6

## COVER LETTER

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

**SUBJECT:** M C Seamless Gutters 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:** Michael W Caracciolo

Name (Printed or typed)

4679 SE 24th Street

Address

Ocala FL 34471

City, State & Zip

352-624-3118

Daytime Telephone 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:

M C Seamless Gutters Inc

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4679 SE 24th Street Ocala FL 34471

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

### **ARTICLE IV SHARES**

The number of shares of stock is:

200

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

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

Michael W Caracciolo  
4679 Se 24th Street  
Ocala FL 34471

### **ARTICLE VI REGISTERED AGENT**

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

Michael W Caracciolo  
4679 SE 24th Street  
Ocala FL 34471

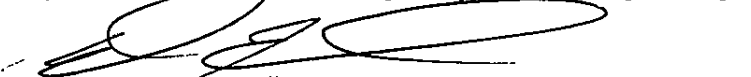
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

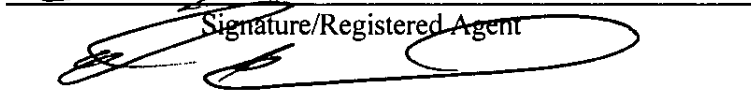
Michael W Caracciolo  
4679 SE 24th Street  
Ocala FL 34471

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*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



Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 5, 2008

Date

11-5-2008

Date