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COVER LETTER

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

SUBJECT:	MJM DRYWALL INC.			
Englosed are an orig	(PROPOSED CORPORA sinal and one (1) copy of the art	TE NAME - MUST INCL	_	
chelosed are an orig	mar and one (1) copy of the art	icles of incorporation and	i a clieck for.	
□ \$70.00	□ \$78.75	☑ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
C	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	Name	RYWALL INC. e (Printed or typed) /AN KLEFF AVE.		
<u></u>		Address		
	PORT SAIN	Γ LUCIE FL. 34952		
********	City,	State & Zip		
	772-260-4203			
	Daytime T	elephone number		
		N@AOL.COM		
	E-mail address: (to be used for future annual report notification)			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2009

MICHAEL JAMES MCMAHON 1800 S.E. VAN KLEFF AVE PORT SAINT LUCIE, FL 34952

SUBJECT: MJM DRYWALL INC. Ref. Number: W09000030351

We have received your document for MJM DRYWALL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please remove the percent sign from your share of stock number.

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

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Letter Number: 309A00022494

	AND
RPORATION 07 and/or Chapter 621, F.S. (Profit)	9 JUL -8 PM 2
nall be: RYWALL FIC.	ECRETARY OF STATE LAHASSEE, FLORIDA
PAL OFFICE and mailing address, if different is: /800 S.E. VAN KLEF, PORT SAINT LUCIE reporation is organized is: DRYWALL	t AVE. FL 34952
is:	
OFFICERS AND/UR DIRECTURS specific title(s): MES MEMALION - PLES. V MEMALION - V ME	ice. Tres. Sec . Reg Alent
TERED AGENT address (P.O. Box NOT acceptable) of the r TAMES MEMAKAN	egistered agent is:
AN KLEFF AVE. LUCIE. FL. 3/952	
PORATOR Incorporator is: SMEMIAHON KLEFF AVE. 4952	
tered agent to accept service of process for ficate, I am familiar with and accept the a	
ristered Agent	6/26/09 Date

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:

MJM DRYWALL INC.

PRINCIPAL OFFICE

SAMOL

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

ARTICLE III

The purpose for which the corporation is organized is:

PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTOR

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

MICHAEL SAMES MYMAHON - PRES

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of

Michael James McMahon 1800 S.E. VAN KLEFF AVE. PORT SAINT LUCIE FL 3495

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael James McMahon

1800 SE. VAN KLEFF AVE. P.S.L. FL. 34952

Having been named as registered agent to accept service of proces place designated in this certificate, I am familiar with and accept agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date