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(Requestor's Name)

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(City/State/Zip/Phone #)

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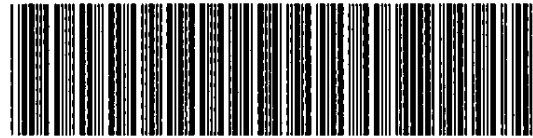
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 26 PM 1:57

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APR 29 2013

COVER LETTER

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

SUBJECT: **FrameCarpenters, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Myron M. Neal**

Name (Printed or typed)

14070 O'conner Rd

Address

Kathleen, Florida 33849

City, State & Zip

(813)312-5353

Daytime Telephone number

Framecarpenter@yahoo.com

E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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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: Framecarpenters, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14070 O'conner Rd.

Kathleen, Florida 33849

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Framing homes, Building Homes, carpentry
work of all kinds and horse racing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Myron M. Neal, Pres

Name and Title: _____

Address 14070 Oconner Rd

Address: _____

Kathleen Florida, 33849

Name and Title: Myron M. Neal, Vice Pres

Name and Title: _____

Address 14070 O'conner Rd

Address: _____

Kathleen Florida, 33849

Name and Title: Myorn M. Neal, Sec

Name and Title: _____

Address 14070 O'conner Rd

Address: _____

Kathleen, Florida 33849

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TALLAHASSEE, FLORIDA

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(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Myron M. Neal
Address: 14070 Oconner Rd
Kathleen, Florida 33849

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Myron M. Neal
Address: 14070 Oconner Rd
Kathleen, Florida 33849

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.


Required Signature/Registered Agent

4/23/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

4/23/2013
Date

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