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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
ALLAHASSEE FI ONES.

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T. Burch JUL 26 2013

COVER LETTER

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

SUBJECT: DO	We's Dryer Vent & (PROPOSED CORPORA	F Fireplace Se	mce Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ÜDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d 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 REQUIRE			
	David T. Galucc Name	(Printed or typed)		
3700 SE Upper Street				
	4	Address		
	Stuart, PL 340 City,	997 State & Zin		
_	~	elephone number		
	Chimking (a) o	d for future annual report	notification)	
E-mail address: (to be used for future annual report notification)				

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)

RTICLE II PRIN	ICIPAL OFFICE		
	Principal street address	М	ailing address, if different is:
3700 SF	upper Street		
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Stuart	HOTFIT	-	
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RTICLE V INIT Name and Title Address	TAL OFFICERS AND/OR DIRECTOR DANAT. Galucci President 3700 SEUpper Street Stuart, Pl. 34997	Name and Title: Address: Name and Title:_	4: 26 STATE LORDY
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Name and Title: Address Name and Title:	TAL OFFICERS AND/OR DIRECTOR DANAT. Galucci Resident 3700 SEUPPERSTREET STUAT FL 34997	Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title:_	4: 26 STATE LORDY
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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: DAVID T. Galucci Address: 3700 SE Upper Speed Stuard, PL 34997	FILED 13 JUL 23 PH 4: 2 SECRETARY OF STATIALLAHASSEE, FI CONT.
ARTICLE VII INCORPORATOR	्त 26
Name:	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 7//5//3 Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. Date