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COVER LETTER

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

SUBJECT: Fane	e Wood Products	s, Inc.		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	<u>IDE SUFFIX</u>)	
Enclosed are an origin	nal and one (1) copy of the artic	eles 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	
in the second se		Status ADDITIONAL COPY REQUIRED		
FROM: Gr	egory A. Fane			
Name (Printed or typed)				
4716 Cardinal Blvd.				
<u> </u>	A	ddress		
<u>Ja</u>	cksonville, FL 32			
90	City, S 4-813-3943	State & Zip		

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

Daytime Telephone number

gregoryfane@gmail.com

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: Fane Wood Products, Inc. PRINCIPAL OFFICE Principal street address Mailing address, if different is: 55 4716 Cardinal Blvd Jacksonville, FL 32210 The purpose for which the corporation is organized is: To engage in any lawful business endeavor. ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Gregory A Fane, President Name and Title: 4716 Cardinal Blvd Address Address: Jacksonville, FL 32210 Name and Title: Gary R. Fane, Sec/ Treasurer Name and Title: 12955 Curt Dr. Address Address: Jacksonville, FL 32223

Name and Title:______ Name and Title:_____

Address:

Address

Name an	d Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of Gregory A Fane	the registered agent is:	8 24
Name:	4716 Cardinal Blvd.		PHIZ: 5
Address:	Jacksonville, FL 32210		57 NE BA
	INCORPORATOR Idress of the Incorporator is:		
Name:	Gregory A Fane 4716 Cardinal Blvd.		
Address:	Jacksonville, FL 32210		
Having been nor this certificate I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corp istered agent and agree to	ooration at the place designated in act in this capacity
	on A free		2/17/2014
	Required Signature/Registered Agent		Date
	sument and affirm that the facts stated herein are Department of State constitutes a thtrd degree felon		
Lyp	m Active		2/17/2014
7	Required Signature/Incorporator		Date