## P/4000037910

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## COVER LETTER

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

SUBJECT: Gib	raltar Drywall, IN	IC.	
		ATE NAME – MUST INCL	UDE SUFFEX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: S	cott Tomlinson	(D.:1	
10	712 Florence Av	(Printed or typed)	
		Address	
11	nonotosassa, FL	State & Zip	
81	3-986-7772		
	Daytime To	elephone number	

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

lisa@tomlinsonbros.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal office Principal street address  0712 Florence Ave		М	failing address, if different is:
onotosass	a, FL 33592		
ICLE III PUI urpose for which	RPOSE the corporation is organized is: Any and	d all lawful l	business.
		. <u>.</u>	<b>三</b>
			3. de de 1
CLE V INT	TIAL OFFICERS AND/OR DIRECTOR		APR 28 MM 8: 21 RETARY OF CHARGARASSEE, FLORIDA
CLE V INT	Scott Tomlinson	Name and Title:_	28 M 8:
CLE V INT	Scott Tomlinson		28 M 8: 21
CLE V INF Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Scott Tomlinson 10712 Florence Ave	Name and Title:	28 M 8: 21
Name and Titl	Scott Tomlinson  10712 Florence Ave Thonotosassa, FL 33592	Name and Title: Address:  Name and Title:	28 M 8: 21
Name and Title Address  Name and Title Address	Scott Tomlinson  10712 Florence Ave Thonotosassa, FL 33592	Name and Title:_ Address:  Name and Title:_ Address:	28 M 8: 21 28 M 8: 21 30 JF 1 14 12 30 JF 1 0 0 JD A
Name and Title Address  Name and Title Address	Scott Tomlinson  10712 Florence Ave Thonotosassa, FL 33592	Name and Title:_ Address:  Name and Title:_ Address:	28 M 8: 21 28 M 8: 21 30 JF 1 14 12 30 JF 1 0 0 JD A

Name an	d Title:	Name and Title:	
Address		_ Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Scott Tomlinson	-	
Address:	10712 Florence Ave	_	三種 子
	Thonotosassa, FL 33592	_	FILE APR 28
ARTICLE VII	INCORPORATOR		28 M
The <u>name and address</u> of the Incorporator is:			<u> </u>
Name:	Scott Tomlinson	_	21 Z
Address:	10712 Florence Ave	_	
	Thonotosassa, FL 33592	_	
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporat ristered agent and agree to act	ion at the place designated in in this capacity
	( Class Jan )		4-21-14
	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the <u>facts state</u> d herein are Department of State constitutes/a third degree felon	true. I am aware that the fals y as provided for in s.817.155,	e information submitted in a F.S.
	( Cliff / Care		4-21-14
	Required Signature/Incorporator		Date