P16000049193

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2016

WILLIAM LEONARD LACKEY III 2265 SHIMMERY LANE LANTANA, FL 33462

SUBJECT: ELITE DRYWALL & TRIM

Ref. Number: W16000035407

We have received your document for ELITE DRYWALL & TRIM and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 416A00010200

6 JUN -2 AN II: 17

COVER LETTER

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

| SUBJECT: Elite Druwll & Trim (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
|--|---|-----------------------------|---------------------------------|--|--|
| | (PROPOSED CORPORA | ATE NAMÉ – <u>MŮST INCL</u> | <u>UDE SUFFIX</u>) | | |
| Enclosed are an orig | rinal and one (1) copy of the art | ticles of incorporation and | d a check for: | | |
| \$70.00 | □ \$78.75 | \$78.75 | \$87.50 | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| 3 | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of | | |
| | | ADDITIONAL CO | Status | | |
| | | ADDITIONAL CC | or r regunes | | |
| FROM: | William Leon | e (Printed or typed) | | | |
| | 2268 Shimme | Address | | | |
| | Lantona FL City | 33462 , State & Zip | | | |
| | 305 970 Daytime T | Celephone number | | | |
| | billyqualityc E-mail address: (to be use | Cabellouth. | 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)

| The name of the corporat | tion shall be: Elite Drywal | ATrim | Inc. | | |
|--------------------------|--|----------------|-----------------------------------|--|--|
| ARTICLE II PRINC | CIPAL OFFICE Principal street address | | Mailing address, if different is: | | |
| Lontana, F | J | | | | |
| | or remodeled st | | | ++ | w |
| | | | | | |
| | | | | | |
| | LOFFICERS AND/OR DIRECTORS President | | | 16 HAY -! | |
| | 2265 Sommery Lane | | · | 6 PM 2: | 2 3 10 pm 20 70 pm 21 12 pm 21 pm |
| | Lantaney Fl 33462 | | | ි යි | 76 76 |
| Name and Title: | | Name and Title | • | | |
| Address | | | | ······································ | |
| | | - | | | |
| Name and Title: | | Name and Title | | | |
| Address | | _ Address: | | | |
| | | - | | | |

| Name an | d Title: | Name and Title: | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|--------------------|--|--|--|
| Address | | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | • | - | |
| Address: | Jennifer Gayesiii | _ | |
| | Landama FC 33462 | | |
| ARTICLE VII | INCORPORATOR | | 5 |
| The name and ac | ddress of the Incorporator is: | | 1 2: |
| Name: | 2005 Shimmery Ln | | G (2) |
| Address: | JOGS SHINDWORTH | _ | |
| | Canteina Pt 334(a) | | |
| Effective date, if | EFFECTIVE DATE: Other than the date of filing: Late is listed, the date must be specific and cant ling.) | (OPTIONAL) not be more than five business days p | rior or 90 business |
| | inserted in this block does not meet the applicable ffective date on the Department of State's records | | e will not be listed as |
| | med as registered agent to accept service of proce am familiar with and accept the appointment as r | | |
| Quem | Required Signature/Registered Agent | <u></u> | ; le-16 |
| | Required Signature/Registered Agent | | Date |
| | cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo | | mation submitted in a |
| Requi | ice Signature/Incorporator | <u>6</u> . | Lo 16 Date |