Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000311756 3)))



H180003117563ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from	n this page.
Doing so will generate another cover sheet.	
_	

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION SHANKO METAL CEILINGS AND WALLS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

C RICO OCT 29 2018

Electronic	Filing	Menu
(Electionic		Picnu

Corporate Filing Menu

Help

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

Principal street address 900 FISCAL CT, BAY 100 3900 FISCAL CT, BAY UVIERA BEACH, FL 33404  RIVIERA BEACH, FL  RTICLE III PURPOSE he purpose for which the corporation is organized is:  Any and all tawful purposes for which a corporation is organized is:  RTICLE IV SHARES  ne number of shares of stock is:  200	33404  poration may be formed
RTICLE IV SHARES  en number of shares of stock is:  RIVIERA BEACH, FL  Any and all lawful purposes for which a corp.  Any and all lawful purposes for which a corp.  Any and all lawful purposes for which a corp.	33404  poration may be formed
RTICLE IV SHARES 200 en number of shares of stock is:	
RTICLE IV SHARES 200 se number of shares of stock is:	
RTICLE IV SHARES 200 e number of shares of stock is:	
e number of shares of stock is:	
number of shares of stock is:	
	•
TICLE IV BUTLAL AFFIANCE AND ADDROGRAPA	<u> </u>
TICLE V INITIAL OFFICERS AND/OR DIRECTORS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name and Title: DAVID SHANKER, DIRECTOR Name and Title:	<b></b>
Address 3900 FISCAL CT, BAY 100 Address:	
RIVIERA BEACH, FL 33404	
Name and Title: Name and Title:	
Address: Address:	
Name and Title: Name and Title:	
Address: Address:	

Name and Title:		Name and Title:	
Addre	335	Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accept	table) of the anxietased earned to	
Name:	DAVID SHANKER	and) of the registered agent is:	
Address:	3900 FISCAL CT, BAY 100		
	RIVIERA BEACH, FL 33404		
<u>ARTICLE YU</u>	<u>INCORPORATOR</u>		
The pame and s	address of the Incorporator is:		
Name:	TATYANA KUKULIYEVA		
Address:	16 COURT ST, 14TH FL		
	BROOKLYN, NY 11241		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, is	fother than the date of filing:	. (OPTIONAL)	
filing.)	uate is usten, the oate must be specific and	cannot be more than five days prior or 90 days after the	
Note: If the date the document's e	e inserted in this block does not meet the appleffective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as ords.	
Having been nath	med as registered agent to accept service of p am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity	
<b>X</b> 1//	165	10/26/18	
	Required Signature Registered Agen	t Date	
I submit this doc document to the	ument and affirm that the facts stated hereis Department of State constitutes a third degree	n are true. I am aware that the faise information submitted in a felony as provided for in s.817.155, F.S.	
At	trati	10/26/2018	
Requi	red Signature/Incorporator	Date Date	