

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TAIL AND SECRETARY SECRETA

SUBJECT: MOW Exterior Renovations. Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$131.25
Filing Fee, Certified Copy & Certificate

800001678768 -01/04/36--01030--007 ****131.25 ****131.25

FROM:

Myrna O. Woodis

Name

400 Smokerise Blvd. Address

Longwood, Florida 32779 City, State, Zip

> 407-788-2321 Daytime Telephone

> > Photo Contraction of the contrac



ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

Article I ~ Name

MOW Exterior Renovations, Inc.

Article II ~ Principal Office

400 Smokerise Blvd. Longwood, Florida 32779

Article III ~ Shares

1000

Article IV ~ Initial Registered Agent and Street Address

Myrna Q. Woodis 400 Smokerise Blvd. Longwood, Florida 32779

Article V ~ Incorporators

Myrna Q. Woodis 400 Smokerise Blvd. Longwood, Florida 32779

Francis J. Chalue 400 Smokerise Blvd. Longwood, Florida 32779

Donald Woodis 400 Smokerise Blvd. Longwood, Florida 32779

The undersigned incorporators have executed these Articles of Incorporation this 1st day of January 1996.

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED OF TALLAMON OF THE TA

Pursuant to the provisions of Section 607.0501, Florida statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

• The name of the corporation is:

MOW Exterior Renovations, Inc.

• The name and address of the registered agent and office is:

Myrna Q. Woodis 400 Smokerise Blvd. Longwood, Florida 32779

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date

Division Of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314