

Document Number Only

P96000079286

C T CORPORATION SYSTEM			
Requestor's Name			
660 East Jefferson Street			
Address			
Tallahassee, Florida 32301			
City	State	Zip	Phone
CORPORATION(S) NAME			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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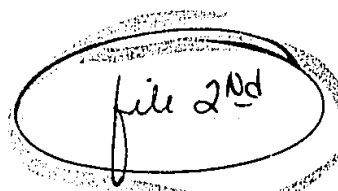
Commercial Drywall & Plastering, Inc.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit             | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                     |   |   |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                       |   |   |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name    |
| <input checked="" type="checkbox"/> Certified Copy     | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                      |   |   |

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9/24/96



CR2E031 (1-89)

SEP 24 1996

## TRANSMITTAL LETTER

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

SUBJECT: Commercial Drywall & Plastering, Inc.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$\_\_\_\_\_.

FROM:

Commercial Drywall & Plastering, Inc.  
Name (printed or typed)

22750 North US Hwy. 441  
Address

Micanopy, FL 32667  
City, State, & Zip

( 352 ) 591-2138  
Telephone Number

Note: Please provide the original and one copy of the Articles.

**ARTICLES OF INCORPORATION**

**OF**

Commercial Drywall & Plastering, Inc.

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

**ARTICLE I. NAME**

The name of the corporation shall be:

Commercial Drywall & Plastering, Inc.

**ARTICLE II. PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

22750 North US Hwy. 441  
Micanopy, FL 32667

**ARTICLE III. CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

**ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL. 33324

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

C. Barry Gibson, Sr.  
22750 North US Hwy. 441  
Micanopy, FL 32667

President / Secretary / Treasurer

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

\_\_\_\_ day of September, 19 96.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: \_\_\_\_\_  
Commercial Drywall & Plastering, Inc.

2. The name and address of the registered agent and office is:

\_\_\_\_\_ C T Corporation System  
(NAME)  
\_\_\_\_\_ 1200 South Pine Island Road  
(P.O. BOX NOT ACCEPTABLE)  
\_\_\_\_\_ Plantation, FL 33324  
(CITY/STATE/ZIP)

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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 \_\_\_\_\_ *Connie Bryan*

DATE \_\_\_\_\_ *9/18/96* **CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT FILING FEE: \$35.00