PANNING LETTER 2408 nent of State n of Corporations

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

Tallahassee, FL 32314	1				
SUBJECT:	Debra Knight (Proposed corpor	EXTERIORS T ate name - must include suff	- 从C。 Nx) DDDD21111 -03/12/97010 *****78.75)	 	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: Debra Knight Exteriors Inc. 9 Name (Printed or typed)					
70/ Moore Ave					
	ACKSONUI'lle F City, State of	-/ 32208 & Zip	— J. A.		
904-393-6333					

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

Daytime Telephone number

- Need Stock

ARTICLES OF INCORPORATION

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.

The name of the corporation shall be:

ARTICLE II

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

701 MORE AVE JACKSONVIlle, Fl 32208

ARTICLE III SHARES

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

10 shrs

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Debra Knight 701 Moore Aug Jacksonville, F/3-3208

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DEBRA Knight 701 MOORE AVE TACKSONVILLE, F/3 2208

The undersigned incorporato	r(s) has(have) executed these Articles of Incorporation this
day of	, 19
(An additional article must be	added if an effective date is requested.)
Deb	Ja D. Knight Signature
	Signature
	Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

1. The name of the corporation is Debra Knight Extension	rior Inc
	9
2. The name and address of the registered agent and office is:	夏里
Debra D. Knight	
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
JACKSONVILLE F1 32208 (CITY/STATE/ZIP)	

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.

Debra D. Knight 3/10/97
(SIGNATURE) (DATE)