TRANSMITTAL LETTER

FILED

FICH TARY OF STATE

FIGURE OF CORPORATION

97 MAY 27 AM 11: 13

P97000047781

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

200002191572--1 -05/27/97--01074--020 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	ACE'S HOME IMPROVEMENT		
Enclosed is an ori	(Proposed co	rporate name - must include sof incorporation and a c	
☐ \$70.00 Filing Fee		S122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate  PY REQUIRED
FROM: CHARLES E. STRANGE  Name (Printed or typed)			
P.O. BOX 5331 Address			
City, State & Zip			

(407) 383-8921

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

Daytime Telephone number

RP 0-97

# ARTICLES OF INCORPORATION



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

97 HAY 27 AM 11:13

### ARTICLE I NAME

The name of the corporation shall be:

ACE'S HOME IMPROVEMENTS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

4795 SR 46 HWY

MAILING ADDRESS: P.O. BOX 5331

MIMS, FL 32754

TITUSVILLE, FL 32783

## ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHARLES E. STRANGE

MAILING ADDRESS:

4795 SR 46 HWY

P. O. BOX 5331

MIMS, FL 32754

TITUSVILLE, FL 32783

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CHARLES E. STRANGE

MAILING ADDRESS:

4795 SR 46 HWY

P.O. BOX 5331

MIMS, FL 32754

TITUSVILLE, FL 32783

Signature/Incorporator

5-22-77

Date

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/Registered Agent

5-22-47

Date