

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

SOBJECT.	(Proposed corpo	rate name - must include su	ffix)	_
•		5	00002543; -06/01/980 *****78.75	□:35 1137- ****
Enclosed is an original a	and one(1) copy of the article	s 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:	Robert and Name (Pr	Theresa Finted or typed)	tahn	
_	9171 5	JASET St	TALES 98	
	Sunnise City,	State & Zip	22-SE	omen.
Theresa Hohn	954)7 L Daytime To GAVE	+6-6913 Elephone number	PM 12: 53	J
AUTHORIZATION BY PHO	NE TO		<u>k</u> .	
CORRECT RA- QCC				
DATE 6-4-98				
DOC. EXAM. AB NOT	E: Please provide the ori	ginal and one conv of	the articles	

16.12

## ARTICLES OF INCORPORATION

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

## ARTICLE I

The name of the corporation shall be:

Doctor Drywall Inc.

PRINCIPAL OFFICE ARTICLE II

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

9171 Sunset Strip Sunrise, FL. 33322-3716

SHARES

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

One hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert HAhn

9171 Sunset Strip Sunrise, FL. 33322-3716

ARTICLE V INCORPORATOR

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

Robert HAhn and Theresa HAhn 9171 Sunset Strip, Sunrise, FZ. 33322-3716

herasa talk Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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