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98 NOV 30 PM 4: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

JBJECT: PHILLIP'S STUCCO OF NAPLES INC. (Proposed corporate name - must include suffix)			
		; ·	300002698 -11/30/98 *****78.75
Enclosed is an original a	and one(1) copy of the articles of	of incorporation and a	check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PPY REQUIRED
FROM:	DIAN M EDWARDS	•	
· · · · · · · · ·	Name (Printed or typed)		
	271 20TH ST NE	•	
	Address		
	NAPLES, FL 34120		:
_	City, State & Zip		
	941-352-7065		
<u>-</u>	Daytime Te	lephone number	

P Hall (7

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

ARTICLES OF INCORPORATION

FILED

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

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ARTICLE I NAME

The name of the corporation shall be:

PHILLIP'S STUCCO OF NAPLES INC.

ARTICLE II PRINCIPAL OFFICE

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

1842 40TH TERRACE SW NAPLES, FLORIDA 34116

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DIAN M EDWARDS 271 20TH ST NE NAPLES, FL 34120

ARTICLE V INCORPORATOR

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

PHILLIP PIERRE 1842 40TH TERRACE SW NAPLES, FLORIDA 34116

Signature/Incorporator

7//0 Date

Date

(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 of providing agent

Signature/Registered Agent

Date