TRANSMITTAL LETTER

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

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SUBJECT: LEWIS BALDWIN PLASTERING, INC.

(Proposed corporate name-must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

XX-\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate

\$122.50 Filing Fee & Certified Copy

\$131.25 Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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FROM: LEWIS BALDWIN

Name (Printed or typed)

4631 N.W. 31st AVENUE #135

Address

FT LAUDERDALE FL 33309

City, State, Zip

Daytime Telephone number 1-561-906-2472

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

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LEWIS BALDWIN PLASTERING 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.

ARTICLE I:

The name of the corporation shall be:

LEWIS BALDWIN PLASTERING, INC.

ARTICLE II:

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS The principal office and mailing address of this corporation shall be:

LEWIS BALDWIN PLASTERING, Inc. 4631 N.W. 31st AVENUE #135 FT LAUDERDALE FL 33309

The primary location shall be:

4631 N.W. 31st AVENUE #135 FT LAUDERDALE FL 33309 FILED

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE III: SHARES

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

ARTICLE IV:
INITIAL REGISTERED AGENT AND STREET ADRESS
LEWIS BALDWIN
4631 N.W. 31st AVENUE #135
FT LAUDERDALE FL 33309

ARTICLE VI INCORPATOR

The name and address of the incorporator to these Articles of Incorporation are LEWIS BALDWIN
4631 N.W. 31st AVENUE #135
FT LAUDERDALE FL 33309

Signature/Incorporator

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 as registered agent.

Singature/Registered Agent

Date

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SECRETARY OF STATE
SECRETARY OF STATE