## 99900014545 TRANSMITTAL LETTER

Department of State

SUBJECT:  FL. DRYWAII & SHULD Inc.  (Proplosed corporate name - must include suffix)  DDOOD27739501060-015  *******78.75  Enclosed is an original and one(1) copy of the articles of incorporation and a check for:  S70.00 \$\frac{3}{5}878.75}  \text{Sining Fee}  \text{Filing Fee}  \text{Certificate of Status}   ADDITIONAL COPY REQUIRED  FROM:  LARSTIN HAND  Name (Printed or typed)  LU483  \text{P.B.L. BAND.}  \text{Address}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Address}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Address}  \text{Filing Fee}  \text{Filing Fee}  \text{Filing Fee}  \text{Address}  \text{Filing Fee}  \text{Address}  \text{Filing Fee}   \text{Filing Fee}   \text{Filing Fee}   \text{Filing Fee}   \text{Filing Fee}   \text{Filing Fee}    \text{Filing Fee}     \	<u>.41</u> ▼	P. O. Box 6327 Tallahassee, FL 32		c *	.* .			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:    S70.00		SUBJECT:	FL. DRYW (Proposed o	All a SH	UCCO I	······································	<del></del>	
Filing Fee Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED  FROM: LARST HAND  Name (Printed or typed)  Address  W.P.B. Fl. 334/12  City, State & Zip  Daytime Telephone number  AUTHORIZATION BY Ph. One Local Consecution of Status Correct Status  Authorization By Ph. One Local Consecution of Status Correct Status  Authorization By Ph. One Local Consecution of Status Correct Status  Authorization By Ph. One Local Consecution of Status Correct Stat					OI	-02712/990	)1060015	
Filing Fee Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED  FROM: LARST HAND  Name (Printed or typed)  Address  W.P.B. Fl. 334/12  City, State & Zip  Daytime Telephone number  AUTHORIZATION BY Ph. One Local Consecution of Status Correct Status  Authorization By Ph. One Local Consecution of Status Correct Status  Authorization By Ph. One Local Consecution of Status Correct Status  Authorization By Ph. One Local Consecution of Status Correct Stat		Enclosed is an origin	nal and one(1) copy of the ar	copy of the articles of incorporation and a check for:				
Name (Printed or typed)  APR EB  LY83 A.P.Bch Blod.  Address  Address  Description  City, State & Zip  AUTHORIZATION BY Phone Telephone number  AUTHORIZATION BY Phone Telephone Telephone number  CORRECT Suffry (Author tree)		<b>□</b> \$70.00	\$78.75 Filing Fee	□\$78.75 Filing I & Certifi	5 Fee : ed Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status		
Address  W.P.B. Fl. 334/2  City, State & Zip  Daytime Telephone number  AUTHORIZATION BY Phone Called held Correct Suffer Carled held Carled held Correct Suffer Carled held Correct Suffer Carled held Carled held Correct Suffer Carled held held Carled h		FROM:	LARSTIN HAND	(Printed or typed)	-	99 FE TALL	7	
City, State & Zip  561-795-6959  GAVE Daytime Telephone number  AUTHORIZATION BY PHONE TO help  CORRECT Sufficient for the Out			6483 R.t	Pol Blu Address	D.	- 22 7	)	
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CORRECT ————————————————————————————————————			GAVE Daytime	6959 Telephone numbe	<del></del>			
	CURR		Called her and the Cay				 	

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

ARTICLES OF INCORPORATION		<b>*</b>	=					
The undersigned incorporator, for the purpose of fo Business Corporation Act, hereby adopts the follow	rming a corporation under ing Articles of Incorporatio	the Florida on.						
ARTICLE I NAME		_	.arar					
The name of the corporation shall be:	. DRYWAIL.	+ Sfuce	TIC.					
4 D. M. C.								
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing add			3					
4 ARTICLE III SHARES	83 R.P. Bch. P. B. Fl. 33	Blub. 3412	PHIC 27					
The number of shares of stock that this corporat	ion is aumorized to have	outstanding at	any one time is:					
150	•							
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:								
LARSTIN	HAND		=					
6483 R.P.	BG. BIVD. W.	P.B. Fl	334/2					
ARTICLE V INCORPORATOR	-	-	* 5					
The name and address of the incorporator to the	ese Articles of Incorpora	tion are:	=					
LARSTIN HAND 6483 R.P. BCL. BLUD. 1 W.P.B. H. 33812								
		2/2/20	<u>·</u>					
Signature/Incorporator	<del>-</del> <u> </u>	<u> 0/8/99</u>						
/		D	Pate 1					
(An additional article mus	t be added if an effective	date is request	ted.)					
Having been named as registered agent and to accept servicertificate, I hereby accept the appointment as registered provisions of all statutes relating to the proper and coolingations of my position as registered agent	agent and agree to act in th	is canacity. I fin	rther garee to comply with the					

Date

Signature/Registered Agent