0990005105

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



SUBJECT:

SHINGLE CARE DEALER SERVICES, INC

(Proposed corporate name - must include suffix)

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Enclosed is an original	and one(1) copy of the articles	of incorporation and a c	heck 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: RANDOLPH H. RUCKER Name (Printed or typed)			-
3700 CURRY FORD PD., APT Z-19 Address			
-	ORLANDO, FL City, S	7 280 b State & Zip	<u> </u>
-	407 - 995-9 Daytime Te	787	

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

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.

NAME

The name of the corporation shall be:

SHINDLE CARE DEALER SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

102 DREWNEN WAD, SUITE A-5

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

(TEN THOUSAND

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

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

KANDOIPH

Signature/Incorporator

2) BRIAN PEOPLES WINTER PARK, FL

(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

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