

TRANSMITTAL LETTER
P99000018568

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

SUBJECT: Lewis Hand Labor, Inc.
(Proposed corporate name - must include suffix)

600002785556--2
-02/24/99-01059--009
*****87.50 *****87.50

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Dennis Lewis
Name (Printed or typed)

393 W. 6th Street
Address

Frostproof, FL 33843
City, State & Zip

941-206-0683
Daytime Telephone number

FILED
99 FEB 24 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/26/99
Mm

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.

ARTICLE I NAME

The name of the corporation shall be:

Lewis Hand Labor, Inc.

ARTICLE II PRINCIPAL OFFICE

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

393 W. 6th Street, Frostproof, FL 33843

ARTICLE III SHARES

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

100 @ \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dennis Lewis
64 Lincoln Street
Frostproof, FL 33843

ARTICLE V INCORPORATOR

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

Dennis Lewis
64 Lincoln Street
Frostproof, FL 33843


Signature/Incorporator

2/20/99
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


Signature/Registered Agent

2/20/99
Date

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TALLAHASSEE, FLORIDA
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