

TRANSMITTAL LETTER

P990000 33748

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

SUBJECT: B + K STUCCO INC.
(Proposed corporate name - must include suffix)

900002834759--0
-04/09/99--01064--002
*****70.00 *****70.00

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

☒ \$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

FROM:

RITA KOLASSIA

Name (Printed or typed)

612 NE 6TH ST

Address

HALLANDALE FL 33009

City, State & Zip

954-455-0460 OR 904-662-0187

Daytime Telephone number

FILED
99 APR -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK APR 13 1999

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:

B + K STUCCO INC.

ARTICLE II PRINCIPAL OFFICE

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

612 NE 6TH ST
HALLANDALE FL 33009

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RITA KOLASSA
612 NE 6TH ST
HALLANDALE FL 33009

ARTICLE V INCORPORATOR

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

RITA KOLASSA
612 NE 6TH ST
HALLANDALE FL 33009

Rita Kolassa

Signature/Incorporator

March 26 1999

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

Rita Kolassa

Signature/Registered Agent

March 26 1999

Date

FILED
99 APR -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA