P9900004/1/89

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

000002860820--6 -05/03/99-01135--011 - ******78.75 ******78.75

SUBJECT: Shirley Drywall Repair & Consulting, INC.
(Proposed corporate name - must include suffix)

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 & Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ERNEST W. Shirkey
Name (Printed or typed)

10557 S.E 145# ST.

Symmerfield, FL. 34491
City. State & Zin

352 - 266 - 9111 Daytime Telephone number 99 MAY -3 PM 1: SECRETARY OF ST

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: Shipley Drywall Repair & Consulting, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6557 S.E. 1454 ST. Summer field, FL. 34491

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 ADDRESS

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

ELNEST W. Shilley

(5557. S.E. 14542 St.

Summel field FL. 34491

ARTICLE V INCORPORATOR

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

ELNEST W. Shilley

6557 SE. 14544 St.

Summelfield, FL. 34491

Lower 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

Signature/Registered Agent