TRANSMITTAL LETTER POPUL -6 AM 8: 48 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: Everglades Drywall, Inc. (Proposed corporate name - must include suffix)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	X S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM:	Rachelle Gomes Name (Prin	nted or typed)	<u></u>	
	2805 Tamiami Trail S Address	Suite B	00000292363 -07/06/9901092	
	Punta Gorda, FL 33950 City, State		****122.50 ***	

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

Daytime Telephone Number

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:

Everglades Drywall, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2805 Tamiami Trail Suite B Punta Gorda, FL 33950

ARTICLE III SHARES

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rachelle Gomes 2805 Tamiami Trail Suite B Punta Gorda, FL 33950

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Rachelle Gomes 2805 Tamiami Trail Suite B Punta Gorda, FL 33950

Signature/Incorporator

(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

Date

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