

P04000146728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

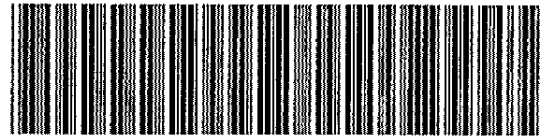
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**Is**

10/26/04

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04 OCT 25 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT:** I.C.S. Roofing, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Tonya M. Simpson

Name (Printed or typed)

8885 Navarre Parkway

Address

Navarre, Fl. 32566

City, State & Zip

850-932-0102

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

I. C. S. Roofing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

8885 Navarre Pkwy - Ste. 17 Navarre, Fl. 32566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Roofing contractor

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 Shares with no par value

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Tonya Simpson 8885 Navarre Pkwy Ste 17, Navarre Fl. 32566  
Ronney Benedict 8885 Navarre Pkwy Ste 17, Navarre Fl. 32566

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

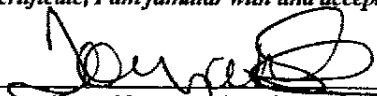
Tonya Simpson 8885 Navarre Pkwy Ste 17, Navarre Fl. 32566

**ARTICLE VII INCORPORATOR**

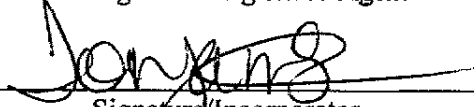
The name and address of the Incorporator is:

Tonya Simpson 8885 Navarre Pkwy, Ste. 17 Navarre, Fl. 32566

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

10-12-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-12-04  
\_\_\_\_\_  
Date