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**Florida Department of State**  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : SIKES INSURANCE AGENCY, INC.  
Account Number : I20020000092  
Phone : (407) 282-5145  
Fax Number : (407) 277-6550

9/4/02

3 pgs.

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 SEP -4 AM 7:10

**FLORIDA PROFIT CORPORATION OR P.A.**

**A.G.O. Pavers, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

9-5-02  
WC



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State

September 4, 2002

**SIKES INSURANCE AGENCY, INC.**

**SUBJECT: A.G.O. PAVERS, INC.**  
**REF: W02000025556**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

**ARTICLE VI REGISTERED AGENT NAME INCOMPLETE.**

If you have any further questions concerning your document, please call (850) 245-6973.

**Claretha Golden**  
Document Specialist  
New Filings Section

**FAX Aud. #: H02000190320**  
**Letter Number: 602A00050957**

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**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:

A.G.O. Pavers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4852 Cypress Woods Dr. Apt 137  
Orlando, FL 32811**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any + All Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Arlison Garcia de Oliveira, Pres  
4852 Cypress Woods Dr. Apt 137  
Orlando, FL 32811**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Arlison G. de Oliveira  
4852 Cypress Woods Dr. Apt 137  
Orlando, FL 32811**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ann Marie Bessire  
5145 Curry Ford Rd.  
Orlando, FL 32812

\*\*\*\*\*  
 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

(X) Arlison Garcia de Oliveira  
 Signature/Registered Agent

9/2/02  
 Date

Ann Marie Bessire  
 Signature/Incorporator

9/2/02  
 Date

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