

PO 3000133167

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11-17

TRANSMITTAL LETTER

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

SUBJECT: Zemplyn Construction, 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: Zemplyn Construction, Inc.  
Name (Printed or typed)

400 Mango Circle  
Address

St. Augustine, FL 32095  
City, State & Zip

904-823-0756  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION  
FOR  
ZEMPLYN CONSTRUCTION, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

ZEMPLYN CONSTRUCTION, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
PLACE OF BUSINESS:

400 MANGO CIRCLE  
ST. AUGUSTINE, FL 32095

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE.

**ARTICLE V INITIAL DIRECTORS (optional)**

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

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

**ARTICLE VI INITIAL OFFICERS (optional)**

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

JAN OROS  
PRESIDENT  
400 MANGO CIRCLE  
ST. AUGUSTINE, FL 32095

OROSOVA OKSANA  
VICE-PRESIDENT  
400 MANGO CIRCLE  
ST. AUGUSTINE, FL 32095

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TALLAHASSEE, FLORIDA

**ARTICLE VII REGISTERED AGENT**

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

JAN OROS  
PRESIDENT  
400 MANGO CIRCLE  
ST. AUGUSTINE, FL 32095

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

JAN OROS  
PRESIDENT  
400 MANGO CIRCLE  
ST. AUGUSTINE, FL 32095

**ARTICLE XI TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE X PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 11 DAY OF SEP 2003.

[Signature]  
JAN OROS

STATE OF FLORIDA  
COUNTY FLAGLER

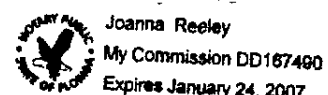
BEFORE ME PERSONALLY APPEARED JAN OROS, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 11 DAY OF SEP 2003, IN PALM COAST, COUNTY AND STATE AFORESAID.

[Signature]  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

ZEMPLYN CONSTRUCTION, INC.- 2 - 9/11/2003



**ARTICLE VII REGISTERED AGENT**

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

JAN OROS  
PRESIDENT  
400 MANGO CIRCLE  
ST. AUGUSTINE, FL 32095

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 11 DAY OF Sep 2003.

Jan Oros  
JAN OROS

STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED JAN OROS, TO ME WELL KNOWN AND KNOWN TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEIR PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 11 DAY OF Sep 2003, IN PALM COAST, COUNTY AND STATE AFORESAID.

Joanna Reeley  
NOTARY PUBLIC

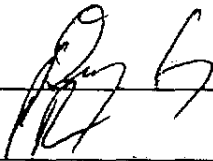
MY COMMISSION EXPIRES:



Joanna Reeley  
My Commission DD167490  
Expires January 24, 2007

**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE   
TITLE \_\_\_\_\_  
DATE 9.11.2003

FILED  
03 NOV - 7 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA