# P03000/37599

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
AND LAHASSEE FLORIO

# TRANSMITTAL LETTER

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

SUBJECT:	BJECT: Small Jobs Only, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Anthony Iaquint	(Printed or typed)		
	84 Dolphin Driv St Augustine FL	e Address	· <del>····································</del>	
	Daytime '	Telephone number		

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:

Small Jobs Only, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

84 Dolphin Drive

St Augustine FL 32084

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Contracting

#### ARTICLE IV SHARES

The number of shares of stock is:

5,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anthony Iaquinto, President

84 Dolphin Drive

St Augustine FL 32084

#### ARTICLE VI REGISTERED AGENT

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

Anthony Taquinto

84 Dolphin Drive

St Augustine FL 32084

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald J. Segui

34 Cordova Street

St Augustine FL 32084

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

Signature/Incorporator

11/7/03 Date

11/6/6-3

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- SECRETARY OF STATE TALLAHASSEE FLORIDA