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TRANSMITTAL LETTER

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

SUBJECT: BOBBY	"D"S CONSTRUCTION	INC		
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLUI</u>	E SUFFIX)	
Enclosed is 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	
	ADDITIONAL COPY REQUIRED			
FROM: JAMES A HICKMAN AGENT Name (Printed or typed)				
220 GOVERNMENT STREET SUITE 1 Address				
NICEVILLE FL 32578 City, State & Zip				
••	850 729 8585 Daytime Tele	ephone 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:

BOBBY "D"S CONSTRUCTION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 34 OLDE CYPRESS CIRCLE FORT WALTON BEACH FL 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN GENERAL BUSINESS FOR PORFIT

ARTICLE IV SHARES

The number of shares of stock is:

100 NO PAR SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

JAMES A HICKMAN
220GOVERNMENT STREET SUITE 1
NICEVILLE FL 32578

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

ROBERT J DARGENIO 34 OLDE CYPRESS CIRCLE FORT WALTON BEACH FL 32548

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/Incorporator

Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

190 1 7 2003

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Date

TALLAHASSEE, FLORIDA

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