

P 000000 25288

TRANSMITTAL LETTER

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

FILED
00 MAR -6 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

00000315900--8
-03/07/00--01015--005
*****78.75 *****78.75

SUBJECT: TRUE STONE CORPORATION
(Proposed corporate name - must include 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: JOHN SANCHEZ
Name (Printed or typed)

2051 MACQUILLEN LANE
Address

PORT ST LUCIE FL 43952
City, State & Zip

561-879-7000
Daytime Telephone number

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

S. Thompson MAR 13 2000

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

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TAMPA
SECRETARY OF STATE
FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
TRUE STONE CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:
2051 MACQUILLEN LANE
PORT ST LUCIE FL 34952

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
JOHN SANCHEZ
2051 MACQUILLEN LANE
PORT ST LUCIE FL 34952

ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
JOHN SANCHEZ
2051 MACQUILLEN LANE
PORT ST LUCIE FL 34952


SIGNATURE / INCORPORATOR

2-30-00
DATE

HAAVING BEEN NAMED AS REGISTERED AGENT AND TO
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT TO ACT IN THIS CAPACITY. I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF
MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


SIGNATURE/REGISTERED AGENT

2-30-00
DATE

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