TRANSMITTAL LETTER

## POIOOO State NOOO Stat

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

000003526360--7 -01/08/01--01016--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	11 / DED	un Consirue	Tion Corp	
	* *(PROPOSED CORPORA*	TE NAME = <u>MUST INCLU</u>	00035263607 -01/08/0101017001	
			******9.00 ******9.00	
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copyx2	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	HoTher Will Name (Pr.	or 9/P+4)	APPHOVED FILED APPHOVED FILED FILED APPHOVED FILED APPHOVED FILED APPHOVED FILED APPHOVED APPHOVED APPHOVED APPHOVED APPHOVED FILED	
	Jackson 1/16= City, S		07 14 14 14 14 14 14 14 14 14 14 14 14 14	
	904 396 7614 Daytime Tel	25 716 2467 lephone number	RECEIVED  1 JAN -5 PM 4: 13  PARIMENT OF STATE BON OF CORPORATIONS LAWASSEE, FLORIDA	
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:	
HoT + Brown Construction	Corp
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
1.0. Box 9143 Edgewood AVE Vackson VIIIE F1 32208 ARTICLE III PURPOSE	OI JAN SECRE
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	SSE -5
ARTICLE IV SHARES	PM 4:26
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)	
	- 20 121
1706 ATT MUSEUM DE APTG-15	don die N. D
Jacksonville F/ 32207 Jacksonv.	E Brown sbondale Dr. D 111E Fl 32208
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	_ ,
Arther Williamson 1706 Art Museum DG APT B. 15	
Jacksonvillie Pl 32207	<b>⊸</b> .
ARTICLE VII INCORPORATOR The name and address of the I	
The <u>name and address</u> of the Incorporator is:  Both Construction Cosp	
1706 ATT MUSEUM DE ATT G-15 Jacksonville Fl. 32207 ************************************	
Jacksonwille Fl. 32207	
Having been named as registered agent to accept service of process for the above stated cocertificate, Tam familiar with and accept the appointment as registered agent and agree to	
The state of the s	act in this capacity //
Signature/Registered Agent	01/05/01 Date
Charlie Bana	
Signature/Incorporator	0//25/0/ Date