

TRANSMITTAL LETTER

P01000022733

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

SUBJECT: Deslin Builders, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003798089--4

-03/05/01--01095--001

\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of Status

ADDITIONAL COPY REQUIRED

RECEIVED

01 MAR -5 PM 12:15

DIVISION OF CORPORATION

FROM:

John R. Desilets

Name (Printed or typed)

4309 Kimmer Rowe Lane

Address

Tallahassee, FL 32308

City, State & Zip

(850) 893-6996

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -5 PM 12:18

APPROVED  
AND  
FILED

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

03-5-01  
W

**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:

Deslin Builders, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4309 Kimmer Rowe Lane  
Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

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

John R. Desilets  
4309 Kimmer Rowe Lane  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

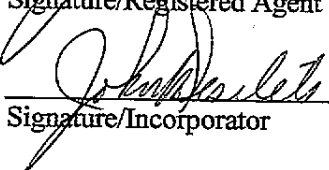
The name and address of the Incorporator is:

John R. Desilets  
4309 Kimmer Rowe Lane  
Tallahassee, FL 32308

\*\*\*\*\*  
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

3/2/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/2/01  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -5 PM 12:18

APPROVED  
AND  
FILED