

TRANSMITTAL LETTER

P01000047528

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

200004139922--9  
-05/07/01--01142--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ARGUS/Gulf Coast Inc  
(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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Clifford A Pierce  
Name (Printed or typed)

P.O. Box 444  
Address

Myakka City, FL 34251  
City, State & Zip

941-302-2865  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY -7 PM 3:41

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

T. Burch MAY 11 2001

# 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:

ARGUS/Gulf Coast, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 444  
Myakka City FL 34251

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN and transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act. No other Purpose limits this general purpose in any way.

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Clifford A Pierce, President  
P.O. Box 444  
Myakka City, FL 34251

## ARTICLE VI REGISTERED AGENT

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

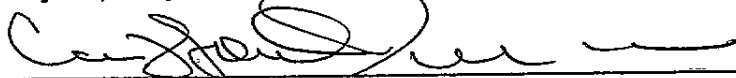
Clifford A Pierce  
40305 73rd Ave E  
Myakka City, FL 34251

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Clifford A Pierce  
P.O. Box 444  
Myakka City, FL 34251

\*\*\*\*\*  
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

X   
Signature/Registered Agent

5-4-01  
Date

X   
Signature/Incorporator

5-4-01  
Date

01 MAY -7 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED