POI PROMITTAL LETTER 33/

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

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SUBJECT:	TD&Y CONTRACTORS			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	UDE SUFFIX)	,
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
□ \$70.00	□ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	or continuous of Savas	do commod copy	& Certificate of	
	, ,		Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: J	ARROD A. JACOBS		· · · · · ·	
Name (Printed or typed)				
			2	PESE
C/O WAYNE YOUNG P.O. BOX 984				· 产别
Address				家
Danie 412 4/400 401				- SEE
PORT SALERNO, FLA 34992-984 City, State & Zip				
		•	01.001.11	CE.FLORIDA
(561) 842-0489				φ <u></u>

F. OLY 2001 1 2001

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

Daytime Telephone number

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: TD&Y CONTRACTORS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

BUSINESS ADDRESS: 2492_CHARLESTON DR PORT ST LUCIE, FLA MATILING ADDRESS P.O. BOX 984 PORT SALERNO, FLA 34992-984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUILDING CONTRACTORS FOR HOMES APARTMENTS & EXISTING BUILDINGS.

34952

ARTICLE IV SHARES

The number of shares of stock is:

THE CORPORATION HAS AUTHORIZED TO BE OUTSTANDING AT ANY ONE TIME 100, WITH PAR VALUE OF OMIT.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

SECRETARY OF STATE A
TALLAHASSEE, FLORIDA
01 OCT 11 AM 9: 18

ARTICLE VI REGISTERED AGENT

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

ROBERT BACCHUS 2492 Chalerston Drive Port ST Lucie, Fla 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Jarrod A. Jacobs

Jarrod A. Jacobs 2492 Charleston Drive Port ST Lucie, Fla 34952 Mailing address: C/O Robert Bacchus P.O. Box 984 Port Salerno, Fla 34992-984

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

Doto

Date

Signature/Incorporator

Date