

TRANSMITTAL LETTER

P01000108120

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

500004673615--8
-11/09/01--01015--002
*****70.00 *****70.00

SUBJECT:

Vinny's Construction Punchout, 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:

Vincent L. Thomas

Name (Printed or typed)

2141 Session Lane

Address

Jacksonville FL 32207

City, State & Zip

(904) 472-0024

Daytime Telephone number

FILED
01 NOV - 9 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 9 2001

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

Articles of Incorporation

1. The name of the corporation shall be:

VINNY'S CONSTRUCTION PUNCHOUT, INC.

2. The principal place of business and mailing address of the corporation is:

2141 Session Lane Jax FL 32207

3. The corporation shall have the authority to issue 500 shares of stock.

4. The registered agent of the corporation is Vincent Thomas and the

registered street address is 2141 Session Lane Jax FL
Florida 32207

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es)
is/are as follows: Vincent L Thomas

2141 Session Lane, Jax FL 32207

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Vincent Thomas whose street
address is 2141 Session Lane, Jax FL 32207

Dated 11-3-01

X Vincent Thomas
Incorporator

Having 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 and agree 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 am familiar with and accept the obligations of my position as registered agent.

Dated 11-3-01

X Vincent Thomas
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -9 AM 10:17

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