

PO2000002882

TRANSMITTAL LETTER

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

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-01/07/02--01038--001
*****70.00 *****70.00

SUBJECT: Leon Wagler Masonry 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Leon Wagler
Name (Printed or typed)

11055 Celestine Pass
Address

Sarasota, FL 34240
City, State & Zip

(941) 371-0365
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN -7 PM 2:39

FILED

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Leon Wagler Masonry Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11055 Celestine Pass
Sarasota, FL 34240

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Leon Wagler
11055 Celestine Pass
Sarasota, FL 34240

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leon Wagler
11055 Celestine Pass
Sarasota, FL 34240

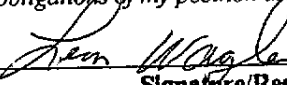
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature/Incorporator

12/26/01
Date

(An additional article must be added if an effective date is requested.)

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 I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

Date