

TRANSMITTAL LETTER

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

100004881871--S
-02/05/02--01101--003
*****78.75 *****78.75

SUBJECT: C. Martin Construction Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Craig W. Martin
Name (Printed or typed)

1050 Kansas Ave.
Address

Englewood, FL 34223
City, State & Zip

(941) 474-8081
Daytime Telephone number

FILED
02 FEB -5 AM 10:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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:

C. Martin Construction Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1050 Kansas Ave.
Englewood, FL 34223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To carry on and conduct general construction business, including the building, repair, and remodeling of buildings, residences, and commercial buildings of all types and kinds; and to do all acts incidental to such purposes.

ARTICLE IV SHARES

The number of shares of stock is:

Ten (10).

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Craig Martin, President
1050 Kansas Ave.
Englewood, FL 34223

ARTICLE VI REGISTERED AGENT

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

Craig Martin
1050 Kansas Ave.
Englewood, FL 34223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Craig Martin
1050 Kansas Ave.
Englewood, FL 34223

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

Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 FEB -5 AM 10:39

FILED

Date

Date