P02000053264 TRANSMITTAL LETTER

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

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SUBJECT: HA	RTLEY CAULFiel (Proposed corpor	dConstruction atc name - must include sui) _Twc ·	_
	-			
Enclosed is an original an	d one(1) copy of the articles	s of incorporation and a c	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
,	,	ADDITIONAL COPY REQUIRED		
FROM:	HARTLEY CA	qu LField inted or typed)	02 MAY	SECRET
PO Box 1893 Address Table 1 To Sugge 2 1993				
	Jensen K	beach FL 34	958-1893	TATE ORIDA

F. OHESSER MAY 1. 4

City, State & Zip

772 - 263-2279 Daytime Telephone number

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:
HARTLEY CAUFIELD CONSTRUCTION INC

ARTICLES II PRINCIPAL OFFICE
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:
2104 NW 22ND AVE BLDG 9 UNIT 106
STUART FL 34994

ARTICLE III SHARES
THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF
ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
HARTLEY CAUFIELD

2104 NW 22ND AVE BLDG 9 UNIT 106 STUART FL 34994

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

HARTLEY CAULFIELD

P O BOX 1893

JENSEN BEACH FL 34958-1893

SIGNATURE / INCORPORATOR

DATE

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 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

TALLAHASSEE, FLORIDA