

TRANSMITTAL LETTER

Pod 0000058974

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

000005621330--9
-05/28/02--01052--020
*****70.00 *****70.00

SUBJECT: DUNN & SON, INC

(Proposed corporate name - must include suffix)

02 MAY 28 PM 10:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: BEN A COOPER

Name (Printed or typed)

P O BOX 1177

Address

HOLMES BEACH, FL 34218

City, State & Zip

941-778-6118

Daytime Telephone number

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

g/s/29

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:

DUNN & SON, INC

ARTICLE II PRINCIPAL OFFICE

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

2020 PHYLLIS PLACE
TAMPA, FL 33619

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID E DUNN
2020 PHYLLIS PLACE
TAMPA, FL 33619

ARTICLE V INCORPORATOR

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

BEN A COOPER
P O BOX 1177
HOLMES BEACH, FL 34218

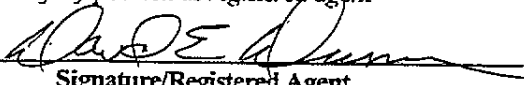

Signature/Incorporator

MAY 23, 2002

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

x 
Signature/Registered Agent

MAY 23, 2002

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 28 PM 10:55

FILED