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TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	(Proposed corp	orale name - must include su SDI	mix) 0 0073059 : -08/23/02010 ******70.00 *
l is an origin	al and one(1) copy of the articl	les of incorporation and a	check for :
区 \$70.00 Filing Fee	© \$78.75 Filing Fee & Certificate of Status	C1\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	## \$87.50 Filing Fée, Certified Copy & Certificate of Status PY REQUIRED
FROM:	ANDREW ASHLEY Name (Printed or typed)	
	304 GLENWOOD AVE.		
		229-9365 , State & Zip	

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

(941) 918-9498 Daytime Telephone number

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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.

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ASHLEY MASONRY INC.

ARTICLE II PRINCIPAL OFFICE

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

304 GLENWOOD AVE OSPREY , FL 34229-9365

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5000 SHARES OF NO PAR STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANDREW ASHLEY 304 GLENWOOD AVE. OSPREY, FL 34229

ARTICLE V INCORPORATOR

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

PRESIDENT/DIRECTOR ANDREW ASHLEY 304 GLENWOOD AVE. OSPREY, FL 34229

Signature Ancorporator

8/19/02

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(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. Thereby accept the appointment as registered agent and agree to act in this capacity. I finisher 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 registefed agent.

Signature/Registered Agent

Date