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SECRETARY OF STATE
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT: R.F	Masonyu l (Proposed Corporati	NC E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an original a	and one (1) copy of the artic	les of incorporation and	a check for:	
Filing Fee Fil	\$78.75 ling Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: PP		UNTING Printed or typed)		
442 N. WABASH AVE				
LAKELANO, FL 33815 City, State & Zip				
8	63-688-3825 Daytime Te	lephone number	 	

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

. The name of the corporation shall be: Masonry, Inc. PRINCIPAL OFFICE The principal place of business/mailing address is: 2608 MARCEAN COURT LAKELAND, FL 33815 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO PROVIDE MASONIRY SERVICES ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: 3008 Macken Ct akelond, FL ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KOO A. FREEMAN 2608 MNO LEAN COURT LAKELAND, FL 33815 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

ARTICLES OF INCORPORATION

Signature/Registered Age

Signature/Incorporator

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)