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TRANSMITTAL LETTER

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

SUBJECT: g C	coppen Enterprises, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
☑ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50
		š	Filing Fee,
Filing Fee	Filing Fee	Filing Fee	•
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	OPY REQUIRED
	W. Gary Coppen		
FROM:	Name (Printed or typed)		
	itans	c (1 mmca or typea)	
	562 King Street		
		Address	
	Jacksonville, FL 32204		
	·	y, State & Zip	
	(904) 338-9757		
	, ,	Telephone number	
	Daytime	i cichuone number	

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:

g Coppen Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

562 King Street Jacksonville, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

W. Gary Coppen 2366 Fernview Drive Orange Park, FL 32065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

W. Gary Coppen 2366 Fernview Drive Orange Park, FL 32065

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

Date

ignature/Incorporator

Date

03.JAN 17 AM 10: 29