

P03800032187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

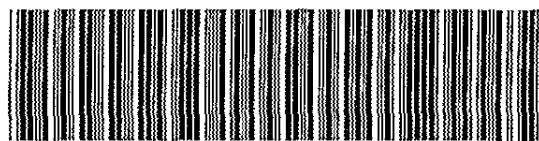
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/17/03--01046--001 \*\*78.75

03 MAR 17 PM 12:39  
FILED  
STATE OF  
MONTANA  
DEPT OF  
CORPORATIONS  
3-20-0  
11-11-01

## TRANSMITTAL LETTER

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

SUBJECT: Beacon, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    & Certificate of      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: Laurie MORGAN Stafford  
Name (Printed or typed)

13804 Malcolm Avenue  
Address

Hudson, Florida 34667  
City, State & Zip

(727) 869-9050

Daytime Telephone 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:

Beacon, Inc.

03 MAR 17 PM 12:39  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
FILED STATE

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Beacon Woods Plaza 12358 U.S. Hwy. 19 Hudson, Florida 34667

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE BROKER  
Certified Building Contractor

### 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):

Laurie STAFFORD 13804 malcolm Ave Hudson, FLORIDA 34667 V.P., S  
P, T, D

### ARTICLE VI REGISTERED AGENT

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

Laurie M. Stafford 13804 malcolm Ave Hudson, FLORIDA 34667

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laurie M. Stafford 13804 malcolm Ave Hudson, Florida 34667

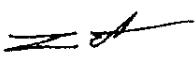
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2-19-03

Date



Signature/Incorporator

2-19-03

Date