

PO3000060160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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TS  
6/16/03

TRANSMITTAL LETTER

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

SUBJECT: **Cat 5 Contracting Inc.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Bill Howes**  
Name (Printed or Typed)

**1595 Blue Creek Rd.**  
Address

**Ponce de Leon, Fl. 32455**  
City, State & Zip

**(850) 836-6267**  
Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be:

**Cat 5 Contracting, Inc.**

ARTICLE II PRINCIPLE OFFICE

The principle place of buisness/mailling address is:

**4980 Rockhill Rd.  
Defuniak Springs, Fl.  
32435**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Subcontract concrete work**

ARTICLE IV SHARES

The number of shares of stock is:

**1,000**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

**Bill Howes 1595 Blue Creek Rd. Ponce de Leon, FL. 32455 President  
Earl Knowles 705 Alaqua Dr. Portland, FL. 32439 Vice Persident  
Tyler Bartlett 771 Alaqua Dr. Portland, FL. 32439  
Secretary/Treasurer**

ARTICLE VI REGISTERED AGENT

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

**Earl Knowles 705 Alaqua Dr. Portland, FL. 32439**

ARTICLE VII INCORPORATOR

**Bill Howes 1595 Blue Creek Rd. Ponce de Leon, FL. 32455**

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

Earl Knowles  
Signature/Registered Agent

6-9-03  
Date

Bill Howes  
Signature/Incorporator

6-9-03  
Date

State of Florida  
County of Holmes



Debbie S. Kolmetz  
MY COMMISSION # DDD64212 EXPIRES  
October 10, 2005  
BONDED THRU TROY FAYN INSURANCE, INC

Before me personally appeared Earl Knowles  
& Bill Howes & they acknowledged the above.

Debbie S. Kolmetz