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SECRETARY OF STATE DIVISION OF CONCINCION

0017/17

TRANSMITTAL LETTER

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

SUBJECT: MA	a PAVER.	s. 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	© \$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of	Filing Fee	Filing Fee,	
	Status	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Sob Lyons Name (Printed or typed)				
2901 W. Bush Blud # 1005				
-	1 Amg 1	Fla		
City, State & Zip				

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

1-8/3-230-4/208 Daytime Telephone number

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.

ARTICLE 1 NAME

The name of the corporation shall be:

Mac Pavers, Inc.

ARTICLE 11 PRINCIPAL OFFICE

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

920 E. Patterson St.

Tampa, FI 33607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:

Robert Lyons

2901 W. Busch Blvd.

Suite # 1005

Tampa, FL. 33618

ARTICLE V INCORPORATOR

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

Mike Collins

920 E. Patterson St.

Tampa, Fl 33607

7-16-03

Signature/Incorporator

(An additional article must be added if an affective 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. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all status relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

DIVISION OF CORPORATIONS