

PO3000110348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

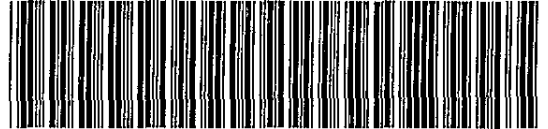
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT -6 PM 1:57

FILED

Handwritten initials

TRANSMITTAL LETTER

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

SUBJECT: RoadScape North Florida, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Bilal Saleem
Name (Printed or typed)

PO BOX 40886
Address

Jacksonville, Florida 32203
City, State & Zip

904-764-3219
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Roadscape North Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5072 Pickettville Road Jacksonville, FI 32254 / PO Box 40886 Jacksonville, FI 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Manner in which the directors are elected or appointed is as follows
The Method of Elections of Directors shall be stated in the Bylaws

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares
100.00 Capital

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marion Graham Jr. PO BOX 43186 Jacksonville, FI 32203
Bilal Saleem 3717 Lydia Estates Dr. Jacksonville, FI 32218

ARTICLE VI REGISTERED AGENT

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

Guy Victor Murray
The Schultz Building
118 West Adams Street, Suite 320
Jacksonville, FI 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

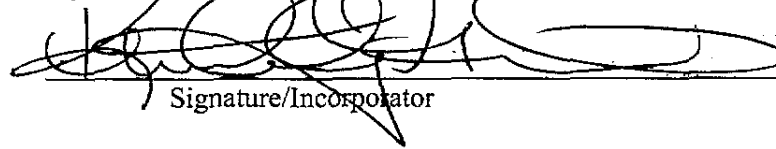
Kimberly Graham
PO BOX 43186
Jacksonville, FI 32203

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

1 OCTOBER 03
Date



Signature/Incorporator

10/2/03
Date