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TRANSMITTAL LETTER

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

:IMN		MITH CONSTRU		
e an orig	·		ATE NAME - MUST INCL	
0.00 Fee		e cate of Status	₹78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
M:	MMIE LEE	SMITH Nam	e (Printed or typed)	, ,,,,,
	3080 CR	665		
•			Address	
	ONA	FL	33865	
•		Cit	y, State & Zip	
	863-735-0	309		
•		Daytime	Telephone number	

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

FILED 03 OCT 10 AM 10: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: JIMMIE LEE SMITH CONSTRUCTION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3080 CR 665 ONA, FL 33865

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION-BUILDER

SHARES ARTICLE IV

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT 3080 CR 665 ONA FL 33865 - 50%, RICHARD C SMITH HIWAY 17 JIMMIE L SMITH BOWLING GREEN FL 33834-VICE PRESIDENT-12%, LORRAINE M SMITH 3080 CR 665 ONA, FL 33865--38%

ARTICLE VI REGISTERED AGENT

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

LORRAINE M SMITH 3080 CR 665 ONA, FL 33865

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JIMMIE L SMITH 3080 CR 665 ONA, FL 33865

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 Lorraine M. Smith