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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT: McCray Construction Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	rinal 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	Filing Fee	Filing Fee,		
1 Imig 1 00	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		10000000111	Status		
ADDITIONAL COPY REQUIRED					
FROM: Michael McCray Name (Printed or typed)					
value (Truced of Sypon)					
305 S.E. McCray Avenue					
305 S.E. McCray Avenue					
		.			
	hake Cily 3	H 32025 City, State & Zip			
City, State & Zip					
386-752-1505					
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:	
ma Cray Construction, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	est.
305 S. E. Mc CRay Avenue Lake City IL 32025 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The surgage im any and all lawful but	siness or businesses
The purpose for which the corporation is organized is: To engage im any and all lawful being for which a corporation may be read and affected being are a second corporation. ARTICLE IV SHARES The number of shares of stock is: 1,000	zed under the
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
michael Time Cray President	03 SECE ALL
305 S.E. M. Cray Avenue	
m: chael T. mcCray President 305 S.E. vn. Cray Avenue Lake City, 3L 3L325	22 PM ARY OF S ASSEE, FL
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	ORID ORID
michael T. McCray	≥,,, ∨
205 S.E. M. CRay & JEnine Lake City, 3L 32025	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
michael M. mccray	
305 S.E. Mc Chay Ausnur' Lake City of 3 20 7-5 ************************************	. ************************************
Having been named as registered agent to accept service of process for the above stated corporate certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	tion at the place designated in this
* Michael T. McChay Signature/Registered Agent	10-20-03 Date
+ Michael T. McCay Signature/Incorporator	10-20-03 Date