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(Requestor's Name)				
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)	:		
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Certified Copies	_ Certificate:	s of Status		
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D3 OCT 31 PM W: 37
SECRETARY OF STATES

New Probet

TRANSMITTAL LETTER

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

SUBJECT: Garr	ry Whitehead Custom Mas	onry, Inc.		
SOBSECT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
	1 1 1			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:	
\$70.00	☑ \$78.75	3 \$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO	Status DPY REQUIRED	
FROM: Ji	immy E. Hunt, Esquire			
	Nam	e (Printed or typed)		- 21
	Post Office Box 3006			
	Address		· · · · · · · · · · · · · · · · · · ·	· =
	Lake City, Florida 32056-	3006		
	Cit	y, State & Zip		
	(386) 758-6800			
	Daytime	Telephone number	4 4-	* (* *)

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: Garry Whitehead Custom Masonry, Inc. 03 OCT 31 PH 4: 37
SECRETARY DE STATE
TALLAHASSEE, FI OPID.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: Garry Whitehead Custom Masonry, Inc. Route 6 Box 414-N Lake City, Florida 32025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Garry Whitehead

Vice President/Secretary/Treasurer: Verenda Whitehead

ARTICLE VI REGISTERED AGENT

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

Verenda Whitehead, Registered Agent, Route 6 Box 414-N, Lake City, Florida 32025.

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jimmy E. Hunt, Esquire, Post Office Box 3006, Lake City, Florida 32056-3006

**************************************	***********
Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to a	orporation at the place designated in this ect in this capacity
Desenda Z Whitehad	10-28-03
Signature/Registered Agent Nevenda L. Whitehead	Date
Q 511-1	10-28-03
Signature Incorporator Jimmy E. Hun7	Date