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





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SECRETARY OF STATE ORION

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TRANSMITTAL LETTER

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

SUBJECT:	SANTO SOD AND TRUCKING, INC.			
	(PROPOSED CORPORA)	'E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	SANTO CAMACHO			
	Name ((Printed or typed)		
	5750 WAUCHULA ROAD			
Address MYAKKA CITY FL 34251 City, State & Zip				
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:

SANTO SOD AND TRUCKING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5750 WAUCHULA ROAD MYAKKA CITY, FL 34251

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To insall sod and provide local trucking services and conduct any and all lawful business and promote the purposes for which the corporation is formed.

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):

SANTO CAMACHO 5750 WAUCHULA ROAD MYAKKA CITY FL 34251

PREIDENT/DIRECTOR

ARTICLE VI REGISTERED AGENT

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

SANTO CAMACHO 5750 WAUCHULA ROAD MYAKKA CITY FL 34251

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

SANTO CAMACHO 5750 WAUCHULA ROAD MYAKKA CITY FL 34251

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

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