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TRANSMITTAL LETTER

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2003 NOV 12 PM 5: 29

TALLAHASSEE FLORIDA

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

SUBJECT:	ROBERT S. HOWLAND CO (PROPOSED CORPORAT	NSTRUCTION, INC.	UDE SUFFIX)	
	al and one(1) copy of the article			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	ROBERT S. HOWLAND Name (Pr) inted or typed)		
707 MARION AVENUE Address				
· .		32148-4638 State & Zip		
	(386) 972-3378 Daytime Te	elephone number		

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

ARTICLES OF INCORPORATION

FILL

2003 NOV 12 PM 5: 29

SEUNLIARY OF STATE TALLAHASSEE FLORIDA

FOR

ROBERT S. HOWLAND CONSTRUCTION, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be: ROBERT S. HOWLAND CONSTRUCTION, INC.

ARTICLE II

The principal place of business/mailing address is: 707 Marion Avenue
Interlachen, FL 32148-4638

ARTICLE III

The purpose for which the corporation is organized is to change status of business from Sole Proprietorship to Corporation.

ARTICLE IV

The number of shares of stock is that this Corporation is authorized to have is 400 Shares.

ARTICLE V

The names and address' of the Directors/Officers are as follows:

Robert S. Howland, PTD 707 Marion Avenue Interlachen, FL 32148

ARTICLE VI

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

Robert S. Howland

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707 Marion Avenue Interlachen, FL 32177

ARTICLE VII

The name and address of the Incorporator is:

Robert S. Howland

707 Marion Avenue

Interlachen, FL 32177

The undersigned incorporators have executed these Articles of Incorporation this 10^{40} day of 0.000, 2003.

Signature: ROBERT

REGISTERED AGENT'S ACCEPTANCE:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept this appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Name: ROBERT S. HOWLAND

<u> 11 | 12 | 03</u> Date:

707 Marion Avenue Address

Interlachen, FL 32148-4638
City, State, Zip

