P03000/37623

(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:
Office Use Only



100024707541

11/17/03--01072--016 **87.50

SECRETARY OF STATE TALLAHASSES FLORIDA

November 7,2003

Florida Department of State Pivisions of Corporations P.O. Box 4327 Talla hassee, Fl. 32314

Re: 3CIS Masonry, Inc.

Gentlemen:

enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$87.50.

This represents the LOST of the Filing Fees, (2) two Certified Copies of Articles of In corporate and Fee for Registered Agent Designation for the

above named corporations very truly yours,

3 CIS Masonry, Inc.

Mailing Address of Corp.

1112E.WinnemissettAu

Deland, Fla. 32724

-Phone

386-436-8062

ARTICLES OF INCORPORATION The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS **FLORIDA** Mailing address, if different STREET ADDRESS ΖĨΡ CITY FLÖRIDA

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME CON V. Peterson.		
ADDRESS 1112 To WINNEMIS	sett toe.	
CITY Deland	FLORIDA TO	ZIP 32724

· · · · ARTICLE	VII - INITIAL BOARD OF DIRECTORS	
This corporation shall have + WO	(directors initially. The	number of directors may be
either increased or diminished from time to time	e by the By-Laws, but shall never be less than o	
addresses of the initial director(s) of the corpora	ation are as follows:	
NAME Carl V. Peter	586	
ADDRESS 1112 F. Winy	emissettale.	
CITY DELCOND	STATE CO.	ZIP 32724
NAME / UCINDA A. F	Potersi	
ADDRESS 112 E. WINY	emissett toe.	
CITY DOL and	STATE FQ.	ZIP 32724
NAME		
ADDRESS		
CITY	STATE	ZIP
AF	RTICLE VIII - INCORPORATORS	
The names and addresses of the incorporators s	signing these Articles of Incorporation are as fol	lows:
NAME Carl V-Poters	(M)	-
ADDRESS 1112 E.Winy	no miscott Acro.	
CITY Do I and	STATE C	ZIP 327211
NAME LICIODO A. D	70 ROLL	
Innarea (1)	20380	
CITY DOLONG	state Flo.	ZIP 2771(1
NAME	5	
ADDRESS	OTTATE	ZID
CITY	STATE	ZIP
The undersigned incorporator(s) have exec	uted these Articles of Incorporation this	1th
day of Noule putor		€-
	Call V. Riskon	(Signature)
	aucindo 4 Po	(Signature)
		(Signature)
		· · · · · · · · · · · · · · · · · · ·

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation at 1112 E Winne missett Ave beland, Fa. 32724 has named Luinda A. Doterson
located at the aforesaid address, as its registered agent to accept service of process within this
SECRETARY OF STATE O3 NOV 17 PM 5: 19
Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as regis-
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.