# P03000141807

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| (Re                                     | questor's Name)    |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Ac                                     | dress)             |           |  |  |
| (Ci                                     | ty/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                         |                    |           |  |  |



12/01/03--01034--014 \*\*78.75

RECEIVED FILED 03 DEC -1 AN II: 53 03 DEC -1 PH I: 10 DIVISION OF CORFORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA



# TRANSMITTAL LETTER

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

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Mac Tejada T SUBJECT: \_\_\_\_ MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| ☐ \$70.00<br>Filing Fee | S78.75<br>Filing Fee<br>& Certificate of Sta | -<br>tus               | <ul> <li>\$78.75</li> <li>Filing Fee &amp; Certified Copy</li> <li>ADDITIONAL CO</li> </ul> | <ul> <li>\$87.50</li> <li>Filing Fee,</li> <li>Certified Copy</li> <li>&amp; Certificate of</li> <li>Status</li> <li>PY REQUIRED</li> </ul> |  |  |
|-------------------------|--|------------------------|---|---|--|--|
| FROM:                   | <u>Ron Be</u>                                | nfield<br>Name (1      | Printed or typed)   |   |  |  |
| -                       | 58 Si  | oux C                  | if cle  |   |  |  |
|                         | Hovana, M 32333<br>City, State & Zip         |                        |   |   |  |  |
| -                       | (850)  | 539 - 5<br>Daytime Tel | 5/7/<br>ephone 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)

# <u>ARTICLE I NAME</u>

The name of the corporation shall be:

Tejada Inc Noe

### ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

32343 Midway, A PO BOX 847

**<u>ARTICLE III</u> <u>PURPOSE</u>** The purpose for which the corporation is organized is:

Construction

## ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE\_V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Noe Tejada PO BOX 847 Midway, FI 32343 - Resident

ARTICLE VI REGISTERED AGENT

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

Renfield Ron

Sioux Circle Havana, F. 32333 58

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ron Benfield

STONK CIRCLE HONONG, M 32333 58

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

nature/Registered Agent

12/1/03 Date

12/1/03

Date

FILED 03 DEC -1 PM 1: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA