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SE PAR STROKES

TRANSMITTAL LETTER

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

Enclosed are an original ar	nd one (1) copy of the artic	les of incorporation and	a check for:
Filing Fee Fili	\$78.75 ing Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	J. Ho ItoM Name (••	
74	44 8:50e5 (ddress	
JA	RKSON VILLE City. S	1/ 3222 State & Zip	
90		dephone number	<u> </u>

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)	mu ro
ARTICLE I NAME	FILED
The name of the corporation shall be:	04 JAN 29 PM 6: 09
W.J. Holton, co	SECLEMENT STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	extreme = 1 / T
7444 Pisces. Cir. West	
JACKSON VILLE, FI, 3222 ARTICLE III PURPOSE	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	• • • • • • • • • • • • • • • • • • •
CONSTRUCTION	
ARTICLE IV SHARES The number of shares of stock is:	, <u>-</u>
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
WILLIAM TACKSON Holton - Presider	nt
michael Faul Holton - Vice Pres	side at
The chief saul policy - Vice ite	.4611
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: Michael Paul Holton Anchael Paul Holton	
7444 Pisces Cirwest Jackson Wille, FL 32222	
·	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
William JACKSON HOLTON Welliam Jacke	on Holton
7444 Pisces Cir west signotion	******
Having been named as registered agent to accept service of process for the above stated corporation a certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	
michael Paul Adulto 1-2	7-2004
Signature/Registered Agent	Date
William Jacker Hollow Signature/Incorporator	7. 2004 Date