

P04000061094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

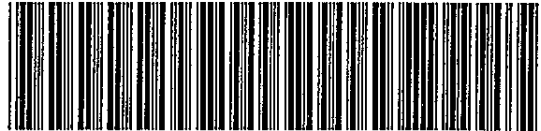
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/04/04--01021--008 \*\*78.75

FILED  
04 APR 12 PM 3:15  
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~~4-1-12~~  
4-1-12

## TRANSMITTAL LETTER

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

SUBJECT: DOLECKI Contracting Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MARK DOLECKI  
Name (Printed or typed)

5112 TERRACE WAY  
Address

BROOKSVILLE FL 34601  
City, State & Zip

352-797-9072  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 12, 2004

MARK DOLECKI  
5112 TERRACE WAY  
BROOKSVILLE, FL 34601

SUBJECT: DOLECKI CONTRACTING INC.  
Ref. Number: W04000006110

We have received your document for DOLECKI CONTRACTING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 704A00009737

# 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:

Dolecki Contracting Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5112 Terrace way  
Brooksville FL 34601

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Framing Contractor

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

none

## ARTICLE VI REGISTERED AGENT

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

5112 Terrace way  
Brooksville FL 34601

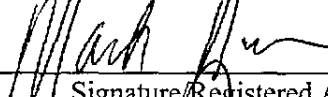
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


MARK DOLECKI  
5112 Terrace way  
Brooksville FL 34601

\*\*\*\*\*

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

 / Kelly M Wojdyla  
Signature/Registered Agent

2.25.04  
Date

  
Signature/Incorporator

2.25.04  
Date

FILED  
04 APR 12 PM 3:15  
STATE OF FLORIDA  
TALLAHASSEE