

P04000124719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08/30/04--01018--005 \*\*87.50

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VP  
8/30/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Robert Faulds Masonry Company

**(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:** Robert J. Faulds Jr.  
Name (Printed or typed)

581 Newton Rd.  
Address

Port Orange, FL 32127  
City, State & Zip

bus:(386) 341-0427 home:(386) 322-8527  
Daytime Telephone 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)

### ARTICLE I NAME

The name of the corporation shall be:

Robert Faulds Masonry Company

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

581 Newton Rd.  
Port Orange, FL 32127

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction—Masonry(block, brick, stone...ect.)

### 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):

Robert J. Faulds Jr.  
581 Newton Rd.  
Port Orange, Fl. 32127  
Owner

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

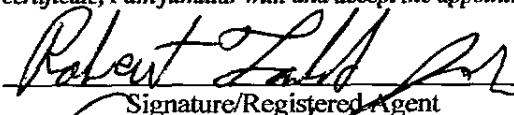
Robert J. Faulds Jr.  
581 Newton Rd.  
Port Orange, FL 32127

### ARTICLE VII INCORPORATOR

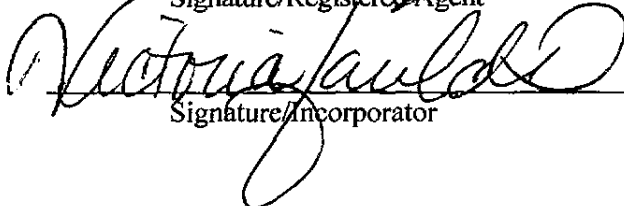
The name and address of the Incorporator is:

Victoria Faulds  
581 Newton Rd.  
Port Orange, FL 32127

\*\*\*\*\*  
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

  
Signature/Registered Agent

8-26-04  
Date

  
Signature/Incorporator

8-26-04  
Date

FD  
04 AUG 30 PM 4:18  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA