

PO4000143505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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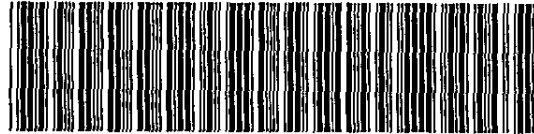
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-19-04
WCL

TRANSMITTAL LETTER

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

Magnus Contracting, Inc.

SUBJECT: _____
(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: _____
Name (Printed or typed)

25139 Algonquin Ave.

Address

Sorrento, Florida 32776

City, State & Zip

407 832-4740

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:

Magnus Contracting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

25139 Algonquin Ave
Sorrento, Florida 32776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anthony Floyd William Wiggs	D
William Jerry Rogers	D
Justin Lee Tice	D

ARTICLE VI REGISTERED AGENT

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

William Jerry Rogers
25139 Algonquin Ave
Sorrento, Florida 32776

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

William Jerry Rogers
25139 Algonquin Ave
Sorrento, Florida 32776

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

x William J. Rogers
Signature/Registered Agent

x 10/5/04
Date

x William J. Rogers
Signature/Incorporator

x 10/5/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA