

PO4000162735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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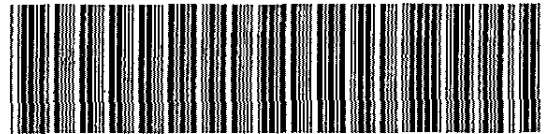
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF REVENUE

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12-3-04

## TRANSMITTAL LETTER

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

**SUBJECT:** TOM BLACK CONSTRUCTION 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:** HOMER T. BLACK

Name (Printed or typed)

2002 SOUTH 31st STREET

Address

FORT PIERCE, FLORIDA 34947

City, State & Zip

772-465-7477

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:

TOM BLACK CONSTRUCTION INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2002 SOUTH 31st STREET  
FORT PIERCE, FL 34947

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESIDENTIAL AND COMMERCIAL CONSTRUCTION SERVICES

### 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):

HOMER T. BLACK  
2002 SOUTH 31st STREET FORT PIERCE FL 34947  
PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

GEORGE JOHN KALIDONIS  
1104 FLEETWOOD LANE FORT PIERCE, FL 34982

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOMER T. BLACK  
2002 SOUTH 31st STREET  
FORT PIERCE FL 34947

\*\*\*\*\*

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

7-22-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/22/04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA