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05 JAN -5 PM 1:40

## TRANSMITTAL LETTER

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

**SUBJECT:** NATHANIEL JONES MASONRY, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** NATHANIEL JONES

Name (Printed or typed)

8890 SCOTT WOOD DRIVE WEST

Address

JACKSONVILLE FL 32208

City, State & Zip

904-887-1194

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:

NATHANIEL JONES MASONRY, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8890 SCOTT WOOD DRIVE WEST  
JACKSONVILLE FL 32208

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASONRY CONSTRUCTION AND REPAIR, BRICK AND BLOCK CONSTRUCTION

### 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):

NATHANIEL JONES / PRESIDENT  
8890 SCOTT WOOD DRIVE WEST  
JACKSONVILLE FL 32208

### ARTICLE VI REGISTERED AGENT

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

JOE D. JEFFERSON  
5412 MORSE AVE.  
JACKSONVILLE FL 32244

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NATHANIEL JONES  
8890 SCOTT WOOD DRIVE WEST  
JACKSONVILLE FL 32208

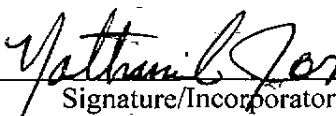
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

01/01/2005

\_\_\_\_\_  
Date

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

01/01/2005

\_\_\_\_\_  
Date

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