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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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SFEB 10 AM II: 31 SECULTARY OF STATE

TRANSMITTAL LETTER

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

 \mathcal{L} SUBJECT: PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is 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 States St

& Certificate of

Status ADDITIONAL COPY REQUIRED

FROM Name (Printed or typed

State & Zir

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. (Profith

ARTICLE I NAME

The name of the corporation shall be:

115-11: e Nichols Construction In.

ARTICLE II PRINCIPAL OFFICE Eastpoint 1/32328 The principal place of business/mailing address is: Pally Jane ARTICLE III PURPOSE The purpose for which the corporation is organized is: Construction 05 FEB ARTICLE IV SHARES The number of shares of stock is: /CCINITIAL OFFICERS/DIRECTORS (optional) ARTICLE ec (The name(s), address(es) and title(s): lic 193 East Rount FI - Quille Michala ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: East Rout F1 32328

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

East Point F/ 32328

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

Signature/Incorporator

<u>02-10-0</u>