Division of Corporations

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# 0023208

Florida Department of State Division of Corporations

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

## FLORIDA PROFIT CORPORATION OR P.A.

LNL Masonry, Inc.

Certificate of Status	11
Certified Copy	0
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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LNL Masonry, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

LNL Masonry, Inc.

1639 Cape Coral Parkway Cape Coral, FL 33904 OS FEB 14 MID O

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at \$10.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Larry O. Stringer 1639 Cape Coral Parkway Cape Coral, FL 33904

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### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(cs) and title(s) to these Articles of Incorporation is(are):

Larry O. Stringer- 1639 Cape Coral Parkway, Cape Coral, FL 33904- President Larissa N. Stringer- 1639 Cape Coral Parkway, Cape Coral, FL 33904- Vice President

#### ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Larry O. Stringer- 1639 Cape Coral Parkway, Cape Coral, FL 33904 Larissa N. Stringer- 1639 Cape Coral Parkway, Cape Coral, FL 33904

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of February 2005.

Larry O Stylinger - Signature

Larissa N. Stringer - Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	LNL Masonry, Inc.	
		,
2. The name and address of the regist	ered agent and office is:	

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	Larry O. Stringer
Name	
	1639 Cape Coral Parkway
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Cape Coral, FL 33904
	(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Larry O. Stinger

February 9, 2005

(Date)