

POS000067668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

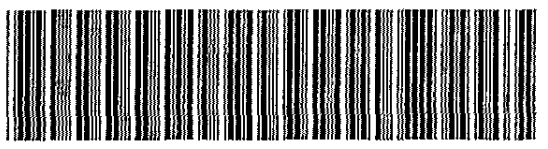
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY --9 AM 8:51

W05-19286

B. McKnight MAY 10 2005

# TRANSMITTAL LETTER

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

**SUBJECT:** StoneBrothers Of North Florida,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:** William T. Pierson  
Name (Printed or typed)

700 W 4th Street  
Address

Lynn Haven, Florida 32444  
City, State & Zip

(850) 527-2436  
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:

Stone Brothers Of North Florida,INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

700 W 4th Street Lynn Haven,Florida 32444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Stucco & Drywall and all other related services which falls under that license

**ARTICLE IV SHARES**

The number of shares of stock is:

William T.Pierson 51% Share  
Charles R Pierson- 49% Share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

William T. Pierson- President 700 W 4th Street Lynn Haven,Florida 32444  
Charles R. Pierson- Vice President 2774 Rolling Pines Rd Chipley,Florida 32428

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**ARTICLE VI REGISTERED AGENT**

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

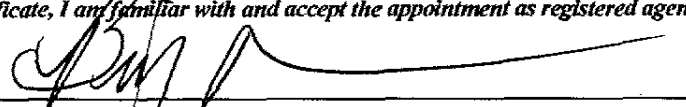
William T. Pierson  
700 W 4th Street  
Lynn Haven,Florida 32444

**ARTICLE VII INCORPORATOR**

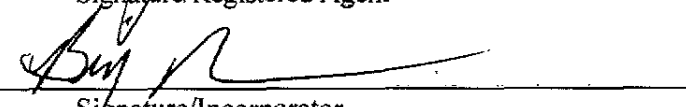
The name and address of the Incorporator is:

William T. Pierson  
700 W 4th Street  
Lynn Haven,Florida 32444

\*\*\*\*\*  
*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

4/26/05  
\_\_\_\_\_  
Date

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

4/105/05  
\_\_\_\_\_  
Date