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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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J. Shivers MAY 27 2005

TRANSMITTAL LETTER

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

SUBJECT: MR UNDERGROUND, INC (PROPOSED CORPORAT	ENAME - MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic		
Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: MICHEAL ROBERTS		
Name (Printed or typed)	
201 EDGEWATER DRIVE	ddress	
A	adaress	
ST CLOUD, FLORIDA 34769 City, 9	State & Zip	

321-624-4889

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

OS MAY OF AM O. O.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be: MR. UNDERGROUND INC.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
201 EDGEWATER DRIVE		
SAINT CLOWDIFL. 34769 ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
UNDERGROUND UTILITIES & EXCAVATION		
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):		
MICHAEL T. ROBERTS PRESIDENT	0	~
MICHAEL T. ROBERTS , PRESIDENT MAKIA L. ROBERTS , VICE PRESIDENT	<u> </u>	38.0
MARGUERITE POBERTS, SECRETARY	05 MAY 26	SECRETARY OF STATE
ARTICLE VI REGISTERED AGENT	33m	32 C
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
MICHAELT. ROBERTS	9:24	ZE
201 EDGEWATER DRIVE	<u></u>	⋽ ⊓
SAINT CLOUD, FC. 34769 ARTICLE VII INCORPORATOR		,
The name and address of the Incorporator is:		
MICHAEL T. ROBERTS 201 ESGE WATER DRWE		
SAINT CLOW, FL. 34769	****	***
Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
1 1 1 2 A	-	
Signature/Registered Agent Date		
. A .		
mul 3 D	_	
Signature/Incorporator Date	 	

ARTICLES OF INCORPORATION