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TRANSMITTAL LETTER

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

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (P	rolit)
ARTICLE I NAME The name of the corporation shall be: Coastal Confractors Inc. ARTICLE II PRINCIPAL OFFICE	Coastal Building Contractors Inc
The principal place of business/mailing address is: 63 37 = AVE South Jackson ville Beach, H 32250 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Profit Proflessional Corporation ARTICLE IV SHARES The number of shares of stock is: 100	OS JUN -6 PH 4: 36
ARTICLE V INITIAL OFFICERS AND/OR DIRECTION List name(s), address(es) and specific title(s): Jo Dee Evans 63 37 Ave 5	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept Jobee Evans 63 37 Am Sou	table) of the registered agent is: Wh, Jacksmille Black, A 32250
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JoDee Evans 63 37 Ave Sou	uth, Jackson ille Block, 7132250

Signature/Incorporator	' 'Date

ARTICLES OF INCORPORATION