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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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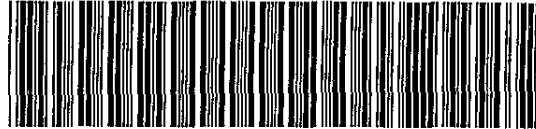
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

SUBJECT: CLAY'S Landclearing & Excavating 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: Stephen S. CLAY  
Name (Printed or typed)

482. NE. 2ND PL.  
Address

Cape Coral FL. 33909  
City, State & Zip

(239) 772-1064  
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: CLAY'S Landclearing + Excavating INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 482 NE 2ND PL Cape Coral FL. 33909

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For Profit

**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):

Stephen CLAY President  
Randy COLLINS Vice President/sec

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 482 NE 2ND PL.

Stephen S. Clay

Cape Coral FL. 33909

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: Same above ↗

Stephen S. Clay  
482 NE 2nd Pl.  
Cape Coral, FL. 33909

\*\*\*\*\*

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

Stephen S. Clay

Signature/Registered Agent

7-11-05

Date

Stephen S. Clay

Signature/Incorporator

7-11-05

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA