

PD60000028010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

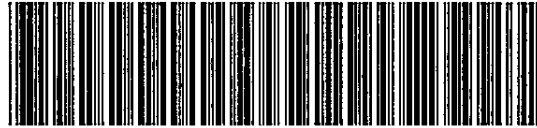
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

**SUBJECT:** First Coast Stone, 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:** Blair Ellington

Name (Printed or typed)

1136 Eagle Point Dr.

Address

St. Augustine, FL 32092

City, State & Zip

904-334-2602

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:

First Coast Stone, Inc.

## ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailling address is:

1136 Eagle Point Dr.  
St. Augustine, FL 32092

## ARTICLE III      PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

## 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):

## ARTICLE VI      REGISTERED AGENT

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

Blair Ellington  
1136 Eagle Point Dr.  
St. Augustine, FL 32092

## ARTICLE VII      INCORPORATOR

The name and address of the Incorporator is:

Blair Ellington  
1136 Eagle Point Dr.  
St. Augustine, FL 32092

\*\*\*\*\*

*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

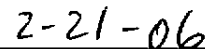


Signature/Incorporator

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Date



Date