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COVER LETTER

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

	(1 you obed out	TE TAPLE - <u>MOST INCE</u>	ODE SCITIA)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 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:	harles W Name	(Printed or typed) Address	R-3 PM 4: 20 NATE ASSEE, FLORIDA
-	Montice//o	State & Zip	2344
-	997-292 Daytime T	Pelephone 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: Inc. Masonry PRINCIPAL OFFICE The principal place of business/mailing address is: \$3 Floyd at Allen Ro Monficello Fla 32344 ARTICLE III The purpose for which the corporation is organized is: Masonry The number of shares of stock is: Charles Dietey - 50 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Charles Dickey Tr. 204 Henderson Rd. Tall. Pat Neally-(Sec.) 83 Floyd AAllen Qd. ARTICLE VI REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: of Allen Ad Charles Dicker Monticello Fl. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: harles Deckey Monticello 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 A Date

Signature/Incorporator