

PO 8000024987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

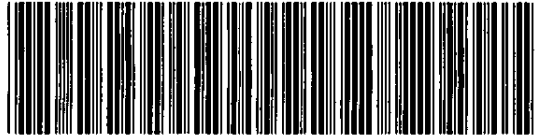
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 8-2893

Office Use Only



300114827073

01/16/08--01013--002 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 10 PM 12:17

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: TRUE NORTH CORPORATION
(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: Katie M. Wilkins
Name (Printed or typed)

5005 Sagebrush Ave
Address

Keystone Heights, FL 32656
City, State & Zip

904-535-8080
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

KATIE M. WILKINS
5005 SAGEBRUSH AVE
KEYSTONE HEIGHTS, FL 32656

SUBJECT: TRUE NORTH CORPORATION
Ref. Number: W08000002893

We have received your document for TRUE NORTH CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 308A00003804



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2008

KATIE M. WILKINS
5005 SAGEBRUSH AVE
KEYSTONE HEIGHTS, FL 32656

SUBJECT: TRUE NORTH COMPANY INC
Ref. Number: W08000002893

We have received your document for TRUE NORTH COMPANY INC and your payment of \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as or so similar to the name of an existing entity that it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the name of any one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 308A00003804

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:

North Creek Construction Services Inc

~~TRUE NORTH CORPORATION~~

~~True North Company Inc~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5005 Sagebrush Ave
Keystone Heights, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Building Contractor

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Katie M Wilkins - President
5005 Sagebrush Ave
Keystone Heights, FL 32656

Daryl S. Wilkins - VP
5005 Sagebrush Ave
Keystone Heights, FL 32656

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 10 PM 12:17

APPROVED
AND
FILED

ARTICLE VI REGISTERED AGENT

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

Katie M. Wilkins
5005 Sagebrush Ave
Keystone Heights FL 32656

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katie M. Wilkins
5005 Sagebrush Ave
Keystone Heights, FL 32656

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

Katie M Wilkins
Signature/Registered Agent

1-14-2008
Date

Katie M Wilkins
Signature/Incorporator

1-14-2008
Date

APPROVED
AND
FILED
08 MAR 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA