

PO80991067SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

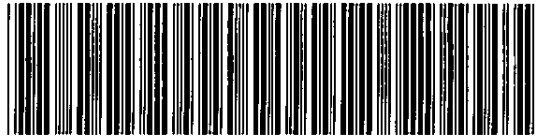
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300138502403

12/08/08--01026--010 \*\*78.75

2008 DEC - 8 P 12: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*[Handwritten signature]*

**COVER LETTER**

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

**SUBJECT:** BULK AGGREGATE MATERIALS, 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: LINDA J. STEVENS  
Name (Printed or typed)

13435 SOUTH McCALL ROAD #209  
Address

Port Charlotte, FL 33981  
City, State & Zip

941-237-8341  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 DEC - 8 P 12: 51

FILED

**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:

**BULK AGGREGATE MATERIALS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

PRINCIPAL STREET ADDRESS: 305 ALBEE ROAD, NOKOMIS, FL. 34275  
MAILING ADDRESS: 13435 SOUTH McCALL ROAD, # 209 PORT CHARLOTTE, FL 33981

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FLORIDA FOR PROFIT CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is:  
1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LINDA J. STEVENS 13435 SOUTH McCALL ROAD # 209 PORT CHARLOTTE, FL 33981  
(PRESIDENT/SECRETARY/&TREAS.)

2008 DEC - 8 P 12: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

**ARTICLE VI REGISTERED AGENT**

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

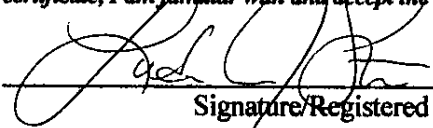
LINDA J. STEVENS 305 ALBEE ROAD, NOKOMIS FLORIDA 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LINDA J. STEVENS 13435 SOUTH McCALL ROAD # 209 PORT CHARLOTTE, FL 33981

\*\*\*\*\*  
*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 *and*  
*Incorporator*

*12/02/08*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date