P08000108324

(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:

Please note
eff. Date 1-1-09

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DIVISION OF CORPORATIONS
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FILED
08 DEC 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1/1/09

COVER LETTER

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

SUBJECT: GAVINS CONSTRUCTION, 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: JAMES GAVINS
Name (Printed or typed)

1613 PAULA DRIVE
Address

TALLAHASSEE, FLORIDA 32303
City, State & Zip

850 765 0292
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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: GAVCON, INC.

EFFECTIVE DATE 1/1/09

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is: 1613 PAULA DRIVE
TALLAHASSEE FLORIDA
32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES GAVINS PRESIDENT, VICE PRESIDENT
1613 PAULA DRIVE
TALLAHASSEE, FLORIDA 32303

TERRI GAVINS SECRETARY, TREASURER
1613 PAULA DRIVE
TALLAHASSEE, FLORIDA 32303

ARTICLE VI REGISTERED AGENT

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

JAMES GAVINS
1613 PAULA DRIVE
TALLAHASSEE, FLORIDA 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JAMES GAVINS
1613 PAULA DRIVE
TALLAHASSEE FLORIDA 32303

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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 — Date: 11/25/08

Signature/Incorporator — Date: 11/25/08