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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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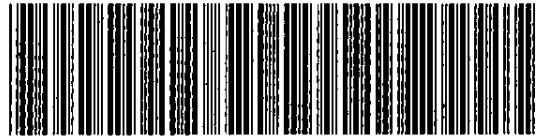
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-19-10 G

## COVER LETTER

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

SUBJECT: CROCKETT 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: David M. Crockett  
Name (Printed or typed)

8 Cadiz St.  
Address

Gulf Breeze FL.  
City, State & Zip

850-393-4162  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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:

CROCKETT INC.

**ARTICLE II PRINCIPAL OFFICE**

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

8 Cadiz St.  
Gulf Breeze FL.  
32561

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction  
trade

**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):

David M Crockett "President"

**ARTICLE VI REGISTERED AGENT**

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

David M Crockett  
8 Cadiz St  
Gulf Breeze FL 32561

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David M Crockett  
8 Cadiz St.  
Gulf Breeze FL. 32561

\*\*\*\*\*

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

David M Crockett

Signature/Registered Agent

2-15-10

Date

David M Crockett

Signature/Incorporator

2-15-10

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA