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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070C00160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

10 SEP 28 PM 1:55  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA

APPROVED  
AND  
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION  
GOPHERWOOD CONSTRUCTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and Chapter 607, S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

GOPHERWOOD CONSTRUCTION, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

16825 NW 14TH AVENUE  
MIAMI, FLORIDA 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT  
JOEL DAVIS  
16825 NW 14TH AVENUE  
MIAMI, FLORIDA 33169

VICE PRESIDENT  
SHARONDA DAVIS  
16825 NW 14TH AVENUE  
MIAMI, FLORIDA 33169

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PAGE 2 GOPHERWOOD CONSTRUCTION, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JOEL DAVIS  
16825 NW 14TH AVENUE  
MIAMI, FLORIDA 33169

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

JOEL DAVIS  
16825 NW 14TH AVENUE  
MIAMI, FLORIDA 33169


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TALLAHASSEE, FLORIDA

APPROVED  
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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.

  
\_\_\_\_\_  
JOEL DAVIS / Registered Agent

9/28/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
JOEL DAVIS /Incorporator

9/28/10  
\_\_\_\_\_  
Date

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