P10000100576

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Cashioso Zina, Namo) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| | | |

Office Use Only



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12/13/10--01024--002 **78.75



J. Shivers DEC 14 2010

Division of Corporations Tallahassee Florida

November 3, 2010

To Whom It May Concern:

Dengl Williams

I am requesting that my corporation name of <u>Dery Williams</u> Masoney Inc.

Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

2010 DEC 13 AM II: 2

COVER LETTER

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

| SUBJECT: DERY WILLIAMS MASONRY 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 & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED | of | |
| FROM: Dery Milliams Name (Printed or typed) 281 SW Stewart Loop Address | 2010 DEC 13 AM | 1 |
| LAKe City Fl 32024 City, State & Zip 381 752 4516 Daytime Telephone number die hard Chief SR Q Jahpp, Com E-mail address: (to be used for future annual report notification) | AHII: 28 | - Andrew |

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: Derzy) | Williams Masonry | Ide | |
|---|--|---|--|
| PRINCIPAL OFFICE Principal street address 281 SW Stewart LAKE City F-1 | Mailing addre | Mailing address, if different is: | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized ANY & All LANFUL PURPOSE | | | |
| ARTICLE IV SHARES The number of shares of stock is: /p D | | | |
| | | | |
| | Name and Title: Address: | | |
| | Name and Title:Address: | 7 100 F 100 | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name: | Am5 | NAY THE | |
| Address: 28/3N Ste | want leep | ## 11:27 #### | |
| The name and address of the Incorporator is: Name: Address: Address: Address: | MAIN Blud 4F1 32025 | | |
| Having been named as registered agent to accept this certificate, I am familiar with and accept the c | | | |
| Deny Williams Required Signature/Req | gistered Agent | 1)/15/10 Date | |
| | s stated herein are true. I am aware that the fals | | |