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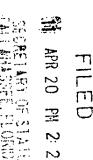
(Re	equestor's Name)	<u> </u>
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(Document Number)		
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SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Division of Corporations

April 11, 2011

WILLIAM K JORDAN 214 SOUTH SUTTLES ROAD DEFUNIAK SPRINGS, FL 32433

SUBJECT: HIGH CLASS MASONRY INC.

Ref. Number: W11000020352

We have received your document for HIGH CLASS MASONRY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 011A00008712

COVER LETTER

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

SUBJECT: HIGH CLUSS MASON (J. T. T. L. 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 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: High Class Masony Tro Name (Printed or typed) Name (Printed or typed)				
Address KOWA				
Defunial Springs Pl 30433				
Daytime Telephone number				
High Association Quality Com () E-mail address: (to be used for future arrhual report notification)				

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME IL OLACE MASTA DV	DA Car
The name of the co	proporation shall be: HIGH CLASS MASONRY	<u> </u>
ARTICLE II	PRINCIPAL OFFICE Principal street address 2145.5.41.0 RT Defunite Spr. Fle. 32433	Mailing address, if different is:
	PURPOSE which the corporation is organized is: MKINHHE MASSING ASS MCHON Industry	ped of the
ARTICLE IV	SHARES	
ine number of shar	res of stock is: 1000	
Address:	Prosident - Societary Address: 214 S. Sythis BD Defenie & Spo. Fle - 32433	tle:
Name and Ti Address:	itle: Name and Ti	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered a original control of th	20 PH 2: 25
ARTICLE VII	INCORPORATOR	<u>F</u> . 3.
	ires "le Incorporator in K Jordan Definick Sprigs PC 32133	
this certificate, I ag	ed as registered agent to accept service of process for the above on familiar with and accept the appointment as registered agent and Bequired Signature/Registered Agent	stated corporation at the place designated in d agree to act in this capacity \[\(\
X	Required Signature/Registered Agent	Date
I submit this docu	ment and affirm that the facts stated herein are true. I am awa epartment of State constitutes a third degree felony as provided for	
quill's	KChrl	04-11-11
Nur '	Required Signature/Incorporator	04-01-// Date