

P130000009130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

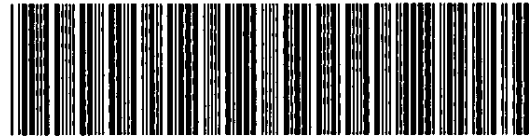
(Business Entity Name)

(Document Number)

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

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13 JAN 25 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

111  
W13-2309 96

## COVER LETTER

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

SUBJECT: Big Pine 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: Douglas Sposito  
Name (Printed or typed)

127 Lobstertail Rd.  
Address

Big Pine Key Florida 33043  
City, State & Zip

520-400-9899  
Daytime Telephone number

doug@dascoquality.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 JAN 25 AM 11:17

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

January 11, 2013

DOUGLAS SPOSITO  
127 LOBSTERTAIL RD  
BIG PINE KEY, FL 33043

SUBJECT: BIG PINE CONSTRUCTION INC  
Ref. Number: W13000002309

We have received your document for BIG PINE CONSTRUCTION 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 Incorporator and Registered Agent must have a complete business 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 713A00000895

# 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: Big Pine Construction Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
127 Lobstertail Rd.  
Big Pine Key  
FL 33043

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall be authorized to conduct any and all lawful business for which corporations may be incorporated in compliance with Chapter 607 and/or 621, F.S. (profit) and shall initially conduct the business of a general building contractor contracting within the state of Florida

## ARTICLE IV SHARES

The number of shares of stock is: The Corporation shall be authorized to issue a total of one million (1,000,000) shares of common stock with a par value of one dollar (\$1.00) per share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doug Sposito (President)  
Address: 127 Lobstertail Rd.  
Big Pine Key  
FL 33043

Name and Title: Doug Sposito (Treasurer)  
Address: 127 Lobstertail Rd.  
Big Pine Key  
FL 33043

Name and Title: Doug Sposito Vice-(President)  
Address: 127 Lobstertail Rd.  
Big Pine Key  
FL 33043

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Doug Sposito (Secretary)  
Address: 127 Lobstertail Rd.  
Big Pine Key  
FL 33043

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Doug Sposito  
Address: 127 Lobstertail Rd.  
Big Pine Key FL 33043

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doug Sposito  
Address: 127 Lobstertail Rd.  
Big Pine Key FL 33043

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

1/20/2013

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

1/20/2013

\_\_\_\_\_  
Date

FILED  
13 JAN 25 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA