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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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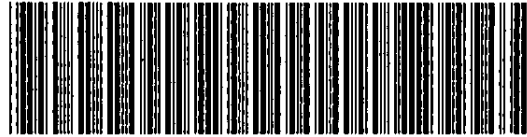
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 13 PM 2:26

PM 5:00

J. Shivers MAY 15 2013

## COVER LETTER

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

SUBJECT: **Builtx Pavers 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: **Gary S.Thomas**

Name (Printed or typed)

**17272 67th ct. n**

Address

**Loxahatchee Fl.33470**

City, State & Zip

**561-301-0500**

Daytime Telephone number

**Gary@ builtx.com**

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

DEPARTMENT OF STATE  
ATTENTION: FIDELITY  
FLORIDA

13 MAY 13 PM 2:26

FILED

**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: Builtx Pavers Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17272 67th ct.n.

Loxahatchee Fl. 33470

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Brickpaver installation

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gary S. Thomas/Pres

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

Address 17272 67th ct. N

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

Loxahatchee Fl. 33470

Name and Title: Joe Pugliese

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

Address 17101 83rd. Pl. N

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

Loxahatchee FL.33470

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

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

Address \_\_\_\_\_

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

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OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

13 MAY 13 PM 2:28

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Gary S. Thomas  
Address: 17272 67th CT.N.  
Loxahatchee, Fl. 33470

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gary S. Thomas  
Address: 17272 67th ct.n  
Loxahatchee, Fl. 33470

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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  
05/07/13  
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  
05/07/13  
Date