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COVER LETTER

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

subject: <u>C</u>	LAIRMONT CONS (PROPOSED CORPORA	TRUCTION I	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED	j	
FROM:	305 - 0 Daytime 1	, ,		14 NOV 20 PH 12: 14	

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

CLAIRMONT CONSTRUCTION, INC. (CLAIRMONT & DIXON CONSTRUCTION, INC.) 1116 COPA D'ORO MARATHON, FL 33050 (305) 942-9084

November 19, 2014

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, Fl 32301 Attn: Diane Cushing

Dear Ms. Cushing,

I serve as President of Clairmont Construction, Inc. formerly known as Clairmont & Dixon Construction, Inc.; document number P04000040154. I am dissolving this Corporation and forming a new one. Please find attached both the dissolution paperwork and articles of incorporation for the new Corporation. I have no intention of revoking the dissolution on P04000040154.

Thank you for your cooperation and attention in this matter. Should you have any questions regarding this please feel free to contact me at the number listed above.

Sincerely,

Gerald M. Clairmont,

Geracel on Claimst

President

Encl.

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

The name of the corporati	ion shall be: CLAIF	MONT COAST	RUCTION, I	ماد
]	ICIPAL OFFICE Principal street address	N	Mailing address, if differ	rent is:
MARATH	DIGKO DIJ K 33050	- -	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PURP The purpose for which th	POSE le corporation is organized is:	<u> </u>		,
	PATION SHALLE			
_	ESS PERMITIED TED STATES A	_	_	
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			ALL AHA	SECURE TO
The number of shares of s	RES tock is: 1000		က် တ ဤ	20 PM
Name and Title:	LAL OFFICERS AND/OR DIR GERALD CLAURM	RECTORS PRES VF Name and Title:	, T	79.
	116 COPA D'ORO	· · · · · · · · · · · · · · · · · · ·		
	MARATHON, F.	3050		
Name and Title:		Name and Title:		
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Name and Title:		Name and Title:		
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Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	_
	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	GERALD CLANFMONT	
Address:	LIIL COPADIORO	ALLA NO
	MARATHON FL 33057	N 20 HASS
ARTICLE VII	INCORPORATOR	FILL PAIZ: 14 SECRETARISTE PARTE
The name and add	dress of the Incorporator is:	
Name:	GERALD CLANENT	<u>r</u>
Address:	MALARTON E 330	_
	MALATETON E 330	50
this certificate, I a	m familiar with and accept the appointment as re	1 1
ر کلی	and on Claimet	11/19/14
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	e true. I am aware that the false information submitted my as provided for in s.817.155, F.S.
Hera	al m Claumit	11/19/14
I submit this docu document to the D		e true. I am aware that the false information sub- iny as provided for in s.817.155, F.S.