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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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T. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2017

DELFORD GREGGS SR 1315 MICHIGAN AVE LYNN HAVEN, FL 32444

SUBJECT: GREGGS QUALITY CONSTRUCTION INC

Ref. Number: W17000010952

We have received your document for GREGGS QUALITY CONSTRUCTION INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 017A00002447

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50

Filing Fee Filing Fee Filing Fee & Filing Fee, & Certificate of Status & Certified Copy Certified Copy

& Certificate of Status
ADDITIONAL COPY REQUIRED

PROM: DELFORD GREGGS SR

Name (Printed or typed)

1315 MICHIGAN AVE

Address

LYNN HAVEN FLA 32444

City, State & Zip

BELFORD GREGGS SR 63 & GMATL. COM

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

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)

| EI NAME of the corpo | $rac{E}{ration}$ shall be: $oldsymbol{1}$ | GREGGS | QUALZ | 17 | CONST, | |
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| nber of shares | of stock is: IAL OFFICERS tle: DELF | SAND/OR DIRECTOR OVZO GREG MTUATGA/ | RS Name and Titl NAV AV Address: | e:P | | |
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| nber of shares LE V INIT Name and Ti Address Name and Tit Address | tle: DELF LYNN 14: Series Se | SANDIOR DIRECTOR OVED GREG MICHIGAL HAVEN LYYY | Name and Titl Address: Address: Address: Name and Titl Name and Titl | e: | | |

| 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: DELFORD H GREGG | 5 SR |
| Address: 1315 MICHIGAN A | . |
| LYNN HAVEN FLA 3: | 2444 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: DELFORD H GREG | 65 SR |
| Address: 1315 MICHIGAN | AVE |
| LYNN HAVEN FL | A 32444 |
| ARTICLE VIII_EFFECTIVE DATE: | |
| Effective date, if other than the date of filing: | (OPTIONAL) |
| (If an effective date is listed, the date must be specific and cannot days after the filing.) | t be more than live business days prior or 90 business |
| Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as |
| Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg | |
| Delfond Dunce A. | 02-07-2017 |
| Required Signature/Registered Agent | Date |
| I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felong | |
| Delland There X | 12-07 20st |
| Required Signatural Laborator | |