

P95000036898

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: DELOACH'S TRACTOR & DOZER WORKS INC.
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: **TOMMY M. DELOACH**
NAME (PRINTED OR TYPED)

PO BOX 1599
ADDRESS

INTERLACHEN, FLORIDA 32148
CITY, STATE, & ZIP

(904) 684-2296
TELEPHONE NUMBER

300001478483
-05/08/95--01133--003
****122.50 ****122.50

85/10
95 MAY -3 AM 11:48
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

FILED
SECRETARY OF STATE
NOTES OF CORP. RECORDS
MAY - 8 AM 11:48

**ARTICLES OF INCORPORATION
OF**

THE UNDERSIGNED, DESIRING TO ORGANIZE A CORPORATION UNDER CHAPTER 607, FLORIDA STATUTES, SET FORTH THE FOLLOWING:

ARTICLE I

THE NAME OF THIS CORPORATION SHALL BE **DELOACH'S TRACTOR & DOZER WORKS INC.** THE ADDRESS OF THE PRINCIPAL OFFICE OF THE CORPORATION AND THE MAILING ADDRESS OF THE CORPORATION IS: **PO BOX 1599 INTERLACHEN, FLORIDA 32148.**

ARTICLE II

THE DURATION OF THE CORPORATION SHALL BE PERPETUAL.

ARTICLE III

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO INCLUDE THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT.

ARTICLE IV

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS 500 SHARES COMMON STOCK ALL OF ONE CLASS, EACH SHARE HAVING A PAR VALUE OF \$1.00, WHICH MAY BE ISSUED FOR SUCH CONSIDERATION HAVING A VALUE OF NOT LESS THAN THE PAR VALUE OF THE SHARES ISSUED THEREFORE AS TO THE BOARD OF DIRECTORS SHALL BE DEEMED APPROPRIATE.

ARTICLE V

THE STREET ADDRESS OF THE CORPORATION'S INITIAL REGISTERED OFFICE IS **102 PARIS STREET INTERLACHEN, FLORIDA 32148**, AND THE NAME OF THE REGISTERED AGENT AT THAT OFFICE IS **LOIS DELOACH**. A WRITTEN ACCEPTANCE AS REQUIRED IN SECTION 607.001, F.S. IS ATTACHED HERETO AND MADE A PART HEREOF.

ARTICLE VI

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS TWO (2), AND THE NAMES OF THE PERSONS WHO SHALL SERVE AS DIRECTORS ARE: **TOMMY M. DELOACH**
LOIS DELOACH

SECRET
EX-111-14
9-11-14

ARTICLE VII

THE DATE AND TIME OF THE COMMENCEMENT OF THE CORPORATE EXISTENCE SHALL BE THE DAY OF THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

ARTICLE VIII

THE OFFICERS OF THIS CORPORATION SHALL CONSIST OF A PRESIDENT, SECRETARY, AND TREASURER, EACH OF WHOM SHALL BE APPOINTED BY THE BOARD OF DIRECTORS. SUCH OTHER OFFICERS AND ASSISTANTS AND AGENTS AS MAY BE DEEMED NECESSARY MAY BE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM TIME TO TIME.

ARTICLE IX

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) OF THESE ARTICLES OF INCORPORATION IS:

TOMMY M. DELOACH PO BOX 1599 INTERLACHEN, FLORIDA 32148
LOIS DELOACH PO BOX 1599 INTERLACHEN, FLORIDA 32148

THE UNDERSIGNED INCORPORATOR(S) HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 1ST DAY OF JAN 1995.

x Tommy M DeLoach
SIGNATURE

x Lois DeLoach
SIGNATURE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: DeLoach's Tractor &
Wager Works Inc.

2. The name and address of the registered agent and office is:

Lois DeLoach
(NAME)

102 Paris Street
(P.O. BOX NOT ACCEPTABLE)

Interlachen Fla. 32148
(CITY/STATE/ZIP)

FILED
STATE
SECRETARY OF
CORPORATIONS
JAN 11 - 95
11:43

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Lois DeLoach

DATE

5/4/95