P45000051888 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 000001528710 -06/30/95--01058--011 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: NORTH FLORIDA DESIGN & CONSTRUCTION INC. (Proposed corporate name - must include suffix)

r: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy R	\$131.25 Filing Fee, Certified Copy & Certificate lequired	÷.
FRO		RTCENCE (printed or typed)		
0	1194 3	MOKE RISE	<u>LN.</u>	
<del>}</del>	TALCAK	tASSEE, FL ty, State & Zip	32311	
<b>)</b> (	(904) 9	42 586d		

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

### ARTICLES OF INCORPORATION

A THE PARTY OF THE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business & Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MORTH FLORIDA DESIGN ? CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1194 SMORE RISE LN. TALLAHASSEE, FL. 32311

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

TIM CARTLEDGE 1194 SMOKE RISE LA TALLAHASSEE, FL. 32311

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TIM CARTLEDGE 1194 SMOKE RISE LN. TALLAHASSEE, FL. 32311

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	NORTH	FLORIDA	DESIC	3-1-1	خ	
•	CONST	211971711	MC.			
2. The name and address of the reg	istered agent ar	nd office is:				
TIM	CARTLEI	) <u>-</u>		SECRET/2	9 <b>5</b> JUII 3	<u></u>
1194 S	MALE Box or Mail Drop E	RISE L.	- <u>/</u> /.	Y OF STA	WI 30 FI 3	_ED
TALLAH	ASSC75 (CITY/St.	FL. 32 ATE/ZIP)	-311		<del>ن</del> ئ	

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) (DATE) (DATE)

# P9500005/288

#### CHANGE OF PRINCIPAL OFFICE/MAILING ADDRESS

Current Principal Of	fice/Mailing Address:	
	1194 SMORE RISE LN.	_
	TLH., FL: 32311	_
Address to Which Pri	ncipel Office/Mailing Address is to be Changed to:	_
	1194 SMOKE RISE LN.	_
•	TLH, FL. 32311	_
	<u> </u>	_
	1. 96 T	2
	OFFICER'S/DIRECTOR'S SIGNATURE  TIM CARTLEDGE  OFFICER'S/DIRECTOR'S SIGNATURE  TO CARTLEDGE	RECEIVE
	OFFICER'S/DIMECTOR'S SIGNATURE	m
	TIM CARTLEDGE	5 <b>(</b> )
	OFFICER'S/DIRECTOR'S NAME (PLEASE PRINT)	_
_	1/4/96	
_	officer's/director's NAME (PLEASE PRINT)  1/4/96  March Date 1/4/96  March Date 1/4/96	•
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TLAL EC	AUGERISE LM. Address 32311 Zip Phone #	5/288  200001780792 -04/15/9601094011 *****35.00 *****35.00 Office Use Only
	NAME(S) & DOCUMENT NUMBER	
		ii ")
(Corp	poration Name) (Docume	nt #)
3(Сог	oration Name) (Docume	nt #)
4.	noration Name) (Docume	11.
(Сот	ooration Name) (Docume	nt #)
□ walk in	Pick up time	Certified Copy
		Certificate of Status
EW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	SEC ALL
Domestication .	Dissolution/Withdrawal	APR 15
Other	Merger	
OTHER FILINGS	REGISTRATION/	AM II: 50 EE.FLORI
Annual Report	QUALIFICATION	85.00
Fictitious Name	Foreign	P (
Name Reservation	Limited Partnership	
	Reinstatement	V010184/15
	Trademark	" mkoulls
	Other	(N = 1)
		Examiner's Initials

### ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: NORTH FLORIDA	<del></del>
DESIG	OH ? CONSTRUCTION INC.	
SECOND:	The articles of incorporation were filed on: 6/30/95	96 APR SECRET
THIRD:	(CHECK ONE)	HAS:
	None of the corporation's shares have been issued.	EFF EFF
	The corporation has not commenced business.	STATE LORIE
FOURTH:	No debt of the corporation remains unpaid.	7.
FIFTH:	The net assets of the corporation remaining after winding up have been d to the shareholders, if shares were issued.	istributed
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	☐ A majority of the directors authorized the dissolution.	
Sign	ed this 15 day of APRIL 19 90	<u>o</u> .
Signatu	(By the chairman or vice chairman of the board, president, or other officer - if there are no directors, by an incorporator.)	officers or
	TIM CARTCES CTE (Typed or printed name)	
	RECISTERED ACENT/MCORPORAT	ीठ