

P950000 53366

TRANSMITTAL LETTER

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

FILED
1995 JUL -5 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FL

SUBJECT: Chipola Construction & Supply, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Shirley Jernigan
Name (printed or typed)

P.O. Box 263

Address

Altha, Florida 32421

City, State & Zip

904-762-3750

Daytime Telephone number

400001530544

-07/06/95--01033--009

****122.75 ****122.75

11.25

181.25

F. CHESSEY JUL 11 1995

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

ARTICLES OF INCORPORATION
of

CHIPOLA CONSTRUCTION & SUPPLY, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Chipola Construction & Supply, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$ 1.00) par value Common stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME Shirley Jernigan
ADDRESS Hwy. 71 South
CITY Altha STATE FLORIDA ZIP 32421

The principal office, if known, or the mailing address of the corporation is:

NAME Chipola Construction & Supply, Inc.
ADDRESS Hwy. 71 South
CITY Altha STATE FLORIDA ZIP 32421

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME Shirley Jernigan
ADDRESS Hwy. 71 South
CITY Altha STATE Florida ZIP 32421
NAME Clifford Newsome
ADDRESS Newsome Road off Hwy. 73 N.
CITY Clarksville STATE Florida ZIP 32430
NAME Paula Jernigan
ADDRESS Hwy. 71 South
CITY Altha STATE Florida ZIP 32421

FILED
1995 JUL -5 PM 6:07
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Shirley Jernigan
 ADDRESS Hwy. 71 South
 CITY Altha STATE Florida ZIP 32421
 NAME Clifford Newsome
 ADDRESS Newsome Road off Hwy. 73 N.
 CITY Clarksville STATE Florida ZIP 32430
 NAME Paula Jernigan
 ADDRESS Hwy. 71 South
 CITY Altha STATE Florida ZIP 32421

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3 day of July, 19 95.

Shirley Jernigan (Seal)
 Shirley Jernigan, President

Clifford Newsome (Seal)
 Clifford Newsome, Vice-President

Paula Jernigan (Seal)
 Paula Jernigan, Secretary-Treasurer

STATE OF FLORIDA)
 COUNTY OF Calhoun) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Shirley Jernigan
 Signature

DRIVER LICENSE
 Form of Identification

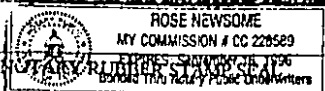
Clifford Newsome
 Signature

DRIVERS LICENSE
 Form of Identification

Paula Jernigan
 Signature

DRIVERS LICENSE
 Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that They executed these Articles of Incorporation, that I relied upon the form of identification of the above named person(s) as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 3 day of July, A.D. 19 95.

Rose Newsome
 Notary Signature

Rose Newsome
 Printed Notary Signature

**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: Chipola Construction & Supply, Inc.

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

Shirley Jernigan
(NAME)

Hwy. 71 South

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Altha, Florida 32421

(CITY/STATE/ZIP)

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.

Shirley Jernigan
(SIGNATURE)

July 3, 1995
(DATE)

P95000053366

Clifford Newcome
P.O. Box 129
Clarksville, FL 32430

City/State/Zip

Phone #

Office Use Only

FILED
JAN 10 10:19
CLARKVILLE, FL

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

O/D reg.

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

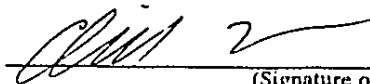
FILED
83 JUN 19 11:10:19
TALLAHASSEE, FLORIDA

I, Clifford Newsome, hereby resign as Vice-President/Director
(Title)

of Chipola Construction & Supply, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

That the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314