

P95000060059

TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUL 10 1995

SUBJECT: GAYHEART MASONRY, 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: DENNIS GAYHEART
Name (printed or typed)

Route 2 Box 973
Address

HIGH SPRINGS, FL 32643
City, State & Zip

(904) 758-9934
Daytime Telephone number

400001552484
-08/03/95--01021--006
*****78.75 *****78.75

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

ARTICLES OF INCORPORATION

CS 146-3 PH 2:25

FILED
FEB 17 1984
FLORIDA

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. GAYHEART MASONRY, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Route 2 Box 973
High Springs, Fl. 32643

ARTICLE III SHARES

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

(1)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DEMNIS GAYHEART
Route 2 Box 973
High Springs, FL. 32643

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):

Dennis Gayheart
Route 2 Box 973
High Springs, FL 32643

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of August, 19 95

x Dennis J. Gayheart
Signature

Signature

Signature

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: GAYHEART MASONRY Inc.

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

Dennis Gayheart

(NAME)

Route 2 Box 973

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

High Springs, FL 32643

(CITY/STATE/ZIP)

95 AUG -3 PM 2:25
TALLAHASSEE, FLORIDA

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)

August 1, 1995
(DATE)

P95000060059

GAYHEART MASONRY, INC.

ROUTE 2 BOX 9
HIGH SPRINGS, FL 32643

5000001718789
-02/20/96--01033--004
*****35.00 *****35.00
Office Use Only

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 checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

6H FEB 21 1996

96 FEB 19 PM 2:34
CLERK

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: GAYHEART MASONRY, INC.

1b. The mailing address of the corporation is: RT 2 Box 958
HIGH SPRINGS, FL 32643

1c. Date of incorporation: AUG 3, 1995 Document number: 895000000057

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

DENNIS J GAYHEART
RR Box 958
HIGH SPRINGS, FL 32643

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

RICK L GAYHEART
RR Box 958
HIGH SPRINGS, FL 32643

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] 2/9/96
(Signature of an officer, chairman or vice chairman of the board) (Date)

RICK GAYHEART
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 2/9/96
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

DEBIT MEMORANDUM

P 95000 060059

TO :
DEPARTMENT OF STATE

DATE FOR OFFICIAL USE NUMBER

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	902.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	
TOTAL	902.50	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	17.50
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	2	50.00
12	45-20-2-130001-45300000-00-000100-00	4	50.00
12	45-20-2-130001-45300000-00-000100-00	4	120.00
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	150.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00

GRAND TOTAL:

\$ 902.50

62895-B

Process Date: 02/29/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer