## TRANSMITTAL LETTER

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

for:

100001733271 -03/05/96--01128--001 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: BILDON Construction Inc. (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check \$122.50 ▼ \$131.25 \$70.00 **\$78.75** Filing Fee, Certified Copy & Certificate Filing Foc & Certificate Filing Fee & Certified Copy Filing Foe Additional Copy Required William J Cooks FROM: Name (printed or typed) SE Jefferson St Stuant FL, 34997 City, State & Zip 467-287-9424 Daytime Telephone number 

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

#### ARTICLES OF INCORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSLE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: BILDON CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be: 3464 SE JEFFERSON ST STUART FL, 34997

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE 100 SHARES OF COMMON STOCK, IN ONE CLASS ONLY, EACH WITH A PAR VALUE OF \$1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

WILLIAM J COONS 3464 SE JEFFERSON ST STUART FL, 34997

#### ARTICLE V INCORPORATORS

The names and street address of the incorporators of these Articles of Incorporation are:

WILLIAM J COONS 3464 SE JEFFERSON ST STUART FL, 34997 DONALD FISHER JR 1321 SE BELCREST ST PT ST LUCIE FL, 34952

Signature

Signature Jahr

# 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: BIL DON Construction	In	<u>C</u>	
2.	The name and address of the registered agent and office is:		<u></u>	
	William 3 COOPS		38	
	(F.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)	NESSHIP AUGUST	HUR -4	FILE
	Stuart FL, 3497 (CITY/STATE/ZIP)	OF STATE FLORIDA	09-8-開	Ü

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.

William 5 Com 2-29-96 (DATE)

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