

P96000068138

TRANSMITTAL LETTER

RECEIVED

96 AUG 15 PM 2:00

DIVISION OF CORPORATION

FILED

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

96 AUG 15 PM 2:27  
DIVISION OF CORPORATION  
TALLAHASSEE, FL 32314

SUBJECT: WAKULLA BUILDING CONTRACTORS, 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: GARRY L. RICHARDSON  
Name (printed or typed)

617 SHADEVILLE RD.  
Address

CRAWFORDVILLE, FL. 32327  
City, State & Zip

(904) 926-5483  
Daytime Telephone number

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

11/11/96

ARTICLES OF INCORPORATION  
FOR  
WAKULLA BUILDING CONTRACTORS, INC.

FILED  
96 AUG 15 PM 2 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber, Katherine C. Richardson, a natural person competent to contract, for the purpose of forming a corporation under the laws of the State of Florida, adopts the following Articles of Incorporation for such corporation:

ARTICLE ONE

The name of the proposed corporation is Wakulla Building Contractors, Inc.

ARTICLE TWO

The corporation may engage in any activity or business permitted under the Laws of the United States and the State of Florida.

ARTICLE THREE

The total number of shares of stock which the corporation shall have authority to issue is Five hundred (500) shares, which shall all be common stock at a par value of one dollar.

ARTICLE FOUR

The amount of capital with which the corporation will begin business is Five Hundred Dollars (\$500.00).

ARTICLE FIVE

The corporation is to exist perpetually.

ARTICLE SIX

The initial address of the principal office of the proposed corporation in the State of Florida is: 617 Shadeville Road, Crawfordville, Florida 32327.

ARTICLE SEVEN

The number of Directors of this corporation shall be two.

The names and street addresses of the members of the first Board of Directors, who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified are:

KATHERINE C. RICHARDSON  
617 Shadeville Road  
Crawfordville, Florida 32327

GARRY L. RICHARDSON  
617 Shadeville Road  
Crawfordville, Florida 32327

ARTICLE EIGHT

The name and address of the subscriber is as follows:

KATHERINE C. RICHARDSON  
617 Shadeville Road  
Crawfordville, Florida 32327

IN WITNESS WHEREOF, I have executed these Articles of Incorporation, in duplicate, this 15<sup>th</sup> day of August, 1996.

Katherine C. Richardson  
KATHERINE C. RICHARDSON

Garry L. Richardson  
GARRY L. RICHARDSON

STATE OF FLORIDA

COUNTY OF LEON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County to take acknowledgements, personally appeared Katherine C. Richardson, who is personally known to me, who is to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that she executed the same.

WITNESS my hand and official seal in the State and County above named this 15th day of August, 1996.



MARY S. SYMON  
MY COMMISSION # CC380184 EXPIRES  
JUNE 7, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.

Mary S. Symon  
NOTARY PUBLIC

My Commission Expires:

STATE OF FLORIDA

COUNTY OF LEON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County to take acknowledgements, personally appeared Garry L. Richardson, who is personally known to me, who is to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the State and County above named this 15th day of August, 1996.



MARY S. SYMON  
MY COMMISSION # CC380184 EXPIRES  
JUNE 7, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.

Mary S. Symon  
NOTARY PUBLIC

My Commission Expires:

**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: WAKULLA BUILDING CONTRACTORS, INC.

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

GARRY L. RICHARDSON  
(NAME)

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

CRAWFORDVILLE, FL 32327  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
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.*

Garry L. Richardson  
(SIGNATURE)

8/14/96  
(DATE)