

P97000003667

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

700002050687--2  
-01/08/97--01060--008  
\*\*\*122.50 \*\*\*122.50

SUBJECT: IMPERIAL MASONRY INC.  
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: JOHNICE BARRS  
NAME (PRINTED OR TYPED)  
  
PO BOX 220  
ADDRESS  
  
BOSTWICK, FLORIDA 32007  
CITY, STATE, & ZIP  
  
(904) 325-6525  
TELEPHONE NUMBER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -8 PM 1:16

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

cc 1/14/97

97 JAN -8 PM 1:16

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS TWO (2), AND THE NAMES OF THE PERSONS WHO SHALL SERVE AS DIRECTORS ARE: **JOHNICE BARRS**  
**SAMUEL FOX**

ARTICLE VII

THE DATE AND TIME OF THE COMMENCEMENT OF THE CORPORATE EXISTENCE SHALL BE THE DAY OF THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

ARTICLE VIII

THE OFFICERS OF THIS CORPORATION SHALL CONSIST OF A PRESIDENT, SECRETARY, AND TREASURER, EACH OF WHOM SHALL BE APPOINTED BY THE BOARD OF DIRECTORS. SUCH OTHER OFFICERS AND ASSISTANTS AND AGENTS AS MAY BE DEEMED NECESSARY MAY BE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM TIME TO TIME.


ARTICLE IX

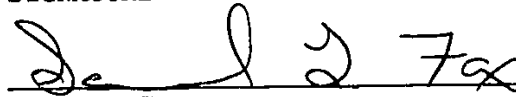
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) OF THESE ARTICLES OF INCORPORATION IS:

JOHNICE BARRS  
PO BOX 220  
BOSTWICK, FL 32007

SAMUEL FOX  
115 RIVER ROAD DRIVE  
PALATKA, FL 32177

THE UNDERSIGNED INCORPORATOR(S) HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 1ST DAY OF JANUARY 1997.

  
SIGNATURE

  
SIGNATURE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -8 PM 1:16

**REGISTERED AGENT'S ACCEPTANCE:**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS APPLICATION, 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Donald D. Fox  
NAME:

115 RIVER ROAD DRIVE  
ADDRESS

PALATKA, FLORIDA 32177  
CITY, STATE, ZIP