TRANSMITTAL LETTER 100/6/22 ERNEST VINING CONCRETE INC.
(Proposed corporate name - must include suffix) 200002042982--3 -12/31/96--01106--001 *****70.00 *****70.80 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 **S78.75 □**\$122.50 **□** \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate 4 ADDITIONAL COPY REOFFREI FROM: ERNEST VIN Name (Printed or typed) 1407 IMESON ST. JACKSONVILLE, FL 32209-5927
City, State & Zip NOTE: Please provide the original and one copy of the article. 904 - 355_2649 OR 768-5317
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 7, 1997

ERNEST VINING 1407 IMESON STREET JACKSONVILLE, FL 32209-5927

SUBJECT: ERNEST VINING CONCRETE INC. Ref. Number: W9700000320

We have received your document for ERNEST VINING CONCRETE INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 397A00000649



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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 4, 1997

ERNEST VINING 1407 IMESON STREET JACKSONVILLE, FL 32209-5927

SUBJECT: ERNEST VINING CONCRETE INC. Ref. Number: W97000000320

We have received your document for ERNEST VINING CONCRETE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

RLEASE HAVE THE PERSON LISTED IN ARTICLES AS INCORPORATOR

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Letter Number: 697A00005939

Loria Poole Corporate Specialist

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

ERNEST VINING CONGRETE INC.

ARTICLE II PRINCIPAL OFFICE

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

1407 IMESON ST. JACKSONVILLE, F1 32209

> ARTICLE III **SHARES**

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

CLARENCE J. WILLIAMS 2633 W. EDGEWOOD AVE. JACKSONVILLE, FL 32209

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):

CLARENCE J. WILLIAMS 2633 W. EDGEWOOD AVE. JACKSONVILLE, FL 32209

The undersigned incorporator(s) has(have) executed these Articles of Incorporation th
2774 day of DEC , 19 96.
(An additional article must be added if an effective date is requested.)
Ernest Vining Signature
Clarence Hilliama
Signature
Signature

Notarization is not required

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_	ERNEST	VINING	CON CRETF	INC.

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

CLARENCE J. WILLAMS

(NAME)

JACKSONVILLE, FL 32209

(CITY/STATE/ZP)

CLARENCE J. WILLIAMS

SECRETARY OF STATE

P. O. Box of Mail Drop Box NOT ACCEPTABLE)

JACKSONVILLE, FL 32209

(CITY/STATE/ZP)

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.

Closence Signature 12-27-96 (DATE)