P97000197863 (SAMPLE LETTER OF TRANSMITTAL)

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Southeast Bring , Inc. 70 July 10 Jul

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Coomic & Worklost

(Individual's Name)

Southeast Boring

(Name of Corporation)

MAILING ADDRESS OF CORPORATION —

431 Eastern Avenue

St. Closed, Fl. 34769

PHONE

(407) 892-8618

Area Code Number Ext.

05/2/2

ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue \\ \frac{150}{\$\infty} \] shares of common stock, par value \\$ _ ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS **FLORIDA** CITY Mailing address, if different STREET ADDRESS ZĪP **FLORIDA** CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: onnie NAME tuen we **ADDRESS FLORIDA** CITY

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(directors initially. The number of directors may be less than one (1). The names and
either increased or diminished from time to time by the By- addresses of the initial director(s) of the corporation are as f	follows:
1 1 1 1 2 - 0 - 1 1 1 2 - 0 - 1 1 1 2 - 0 - 1 1 1 1 2 - 0 - 1 1 1 1 2 - 0 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-100
NAME Comie L. Wonk	The second of th
	STATE Florida ZIP 34769
CITY St. Cloud	51.112 181 182 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Janes Janes	1bles
11001000 W D 1 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE Florida ZIB4769
CITY St. Cloud	STATE Florida ZIB34769
NAME	
ADDRESS	
CITY	STATE ZIP
ARTICLE VI	II - INCORPORATORS
The names and addresses of the incorporators signing thes	e Articles of Incorporation are as follows:
NAME Comite Li Womble	
ADDRESS 631 Eastern Aue	
CITY St. Cloud	STATE Florida ZIP34769
NAME Times David L	1)anbles
ADDRESS 1031 Eastern Y	Juenus
CITY St. Cloud	STATE Florida ZIP 34769
NAME	
ADDRESS _	
CITY	STATE ZIP
The undersigned incorporator(s) have executed these	Articles of Incorporation this3
day of November	19 97.
day of	
	Connie & Worklas (Signature)
	Janes D Wombles (Signature)
	(Signature)
	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

	1801
Southeast Boring Frame (name of corporation)	T NOV 17 PM 3:20
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered or the state of Fl	ffice
as indicated in the Articles of Incorporation at <u>631 Eastern Avenue</u> St. Cloud, Florida 34769	<u>.</u> - ,
has named Connie Womloles	
located at the aforesaid address, as its registered agent to accept service of process within the	iis
state.	=
the shove states	ď
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 retered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties.	gis- f all
and accept the obligations of my position as registered agent.	
Connie & Wombles 11-4-97 (Date)	