# TRANSMITTAL LETTER

# P98000038594

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

900002501589--3 -04/27/98--01102--009 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:    S70 00	SUBJECT: _	HAL REEVES	CONTRACTIN			
Filing Fee Filing Fee & Certificate Filing Fee, & Certified Copy & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED  FROM RAIDH HAL REEVES JR Name (Printed or typed)  15026 MILLPOND RD.  Address  TAVARES FL. 32778  City, State & Zip  S131.25  Filing Fee Filing Fee, & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED	30101C1		(Proposed corp	orate name - must include suff	īx)	
Filing Fee Filing Fee & Certificate Filing Fee, & Certified Copy & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED  FROM RALPH HAL REEVES JR Name (Printed or typed)  15026 MILLPOND RD.  Address  TAVARES FL. 32778  City, State & Zip  S131.25  Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED						
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FROM RALPH HAL REEVES JR. Name (Printed or typed)  15026 MILLPOND RD.  Address  TAVARES FL. 32778  City, State & Zip  & Certificate  ADDITIONAL COPY REQUIRED	-·· -	e Filir	ig Fee			
FROM RALPH HAL REEVES JR. Name (Printed or typed)  15026 MILLPOND RD.  Address  TAVARES FL. 32778  City, State & Zip  Zign State & Zip		& C	ertificate	& Certified Copy		
Name (Printed or typed)  15026 MILLPOND RD.  Address  TAVARES FL. 32778  City, State & Zip  Address  City, State & Zip				ADDITIONAL CO	PY REQUIRED	
Name (Printed or typed)  15026 MILLPOND RD.  Address  Address  TAVARES FL. 32778  City, State & Zip  City, State & Zip	•					
TAVARES FL. 32778  City, State & Zip	FROM	RAIPH HAL R	EEVES JR. Name (Prin	ted or typed)	•	
Address  Section 1988   Section 1988			1 10000			
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(352) 742–9277  Daytime Telephone number  29 77 742 75 75 75 75 75 75 75 75 75 75 75 75 75		TAVARES FL.		ate & Zip	27	
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NOTE: Please provide the original and one copy of the articles.

### 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 NAME

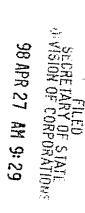
The name of the corporation shall be:

HAL REEVES CONTRACTING INC.

#### ARTICLE II PRINCIPAL OFFICE

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

15026 MILLPOND RD. TAVARES FL. 32778



#### ARTICLE III SHARES

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

500

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

RALPH HAL REEVES JR. 15026 MILLPOND RD. TAVARES FL. 32778

# 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)

RALPH HAL REEVES JR. 15026 MILLPOND RD. TAVARES FL. 32778

The un	dersigned in	corporator(s) has	have) executed these A	iticles of incorporation this
21	day of	APRIL	, 19 98	<del></del>
(An add	litional articl	e must be added	f an effective date is re	quested.)
		Lolsh 2	Signature	<i></i>
			Signature	
			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 HAL REEVES CONTRACTING INC.

•		
2. The name and address of the re	registered agent and office is:	
RALPH	HAL REEVES JR.	98 317.10
	(NAME)	B AP
	MILLPOND RD.	CRETARY CON OF CO APR 27
(F.	O. Box or Mail Drop Box NOT ACCEPTABLE)	
TAVARES		STAI DRAII
··········	(CITY/STATE/ZIP)	
at the place designated in this cer to act in this capacity. I further a	d agent and to accept service of process for the above stated of rtificate, I hereby accept the appointment as registered agen agree to comply with the provisions of all statutes relating to duties, and I am familiar with and accept the obligations of t	t and agree the proper