

P98000057249

DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL. 32314

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

400002560134--1
-06/16/98--01006--001
*****78.25 *****78.25

SUBJECT: Smith's Contracting, 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

\$78.25
FILING FEE &
CERTIFICATE

\$122.50
FILING FEE &
CERTIFIED COPY

\$131.25
FILING FEE
CERTIFIED
COPY AND
CERTIFICATE

FROM: Robert T. Smith, III
101 Maler Dr.
Nokomis, FL 34275

APPROVED
AND
FILED
98 JUN 26 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B BROCK JUN 1998 13867



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 17, 1998

ROBERT T. SMITH, III
101 MALER DR.
NOKOMIS, FL 34275

← (941) 486-0110

SUBJECT: SMITH'S CONTRACTING, INC.
Ref. Number: W98000013867

We have received your document for SMITH'S CONTRACTING, INC. and your check(s) totaling \$78.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Barbara Brock
Document Specialist

Letter Number: 298A00033530

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: R.T. Smith's Contracting, Inc.

Article II - Principal Office

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

101 Maler Dr. 941-486-0110
Nokomis, FL 34275

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:

Robert T. Smith, III
101 Maler Dr.
Nokomis, FL 34275

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Article V - Incorporators

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Robert T. Smith, III
101 Maler Dr.
Nokomis, FL. 34275

Julianna V. Smith
101 Maler Dr.
Nokomis, FL 34275

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this:

11th day of June, 1998

Robert T. Smith III
Signature

Robert T. Smith III
President

Julianna V. Smith
Signature

Julianna V. Smith
Secretary

Robert T. Smith III
Signature

Robert T. Smith III
Treasurer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501 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.

THE NAME OF THE CORPORATION IS:

R.T. Smith's Contracting, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Robert T. Smith, III
101 Maler Dr.
Nokomis, FL. 34275

HAVING BEEN NAMED AS THE 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.

