# PASSMITTAL LETTER Plengation of State TRANSMITTAL LETTER TRANSMITTAL LETTER TRANSMITTAL LETTER

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

SUBJECT:	ALMARIC COM (Proposed corpor	STRUCTION ate name - must include suf	INC.	
		1	00002599 -07/27/98 *****78.75	9521 01100018 *****78.
Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a	check for:	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: MARIC PESTER  Name (Printed or typed)  4185 W. LAKE MARY BLVD. SUITE 195  Address				
	LAILE MART, City,			DIVIS
	(467) 328. Daytime To	elephone number		· 11 27

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ALMARIL CONSTRUCTION, INC.



# ARTICLE II PRINCIPAL OFFICE

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

4185 W. LAKE MARY BLUD. SUITE 195

LAKE MART, FL 32746

## 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 Florida street address of the initial registered agent are:

MARK PESTER 561 BIRGHAM PLACE

LAKE MARY, FL 32746

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARK PESTER SGI BIRGHAM PLACE

LAKE MARY, FL 32746

7-22-98

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

7-22-98

Date