TRINSPITAL VETTER 922

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314					
SUBJECT: LON	Hractors Bondin	ASSISTANCE 7 are name - must include suff	INC.		
60002621976 -08/21/9801057- *****78.75 *****					
Enclosed is an original and one(1) copy of the articles 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: _	TINA R. JEFFE Name (Pr 8483 New King	RSON inted or typed) S Road, Suite #2	98 AUG 21 DIVIDA OF STALLAHASS		
-	Jacksonville, FL	Address 32219 State & Zip	PM 3: 49 EE, FLORIDA		
-	(904) 924-00/ Daytime To	ALITHETA	GAVE		
		00-10T _Z	Chap none		

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

ARTICLES OF INCORPORATION	98
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business-Corporation Act, hereby adopts the following Articles of Incorporation.	98 AUG 21
ARTICLE I NAME	PH 3: 49 SEEE, FLORING
The name of the corporation shall be:	FLOW H
Contractors Bonding Assistance, Inc.	RIDAS
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
8483 New Kings Road, Suite #2	
Jacksonville, FL 32219	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding a One hundred (100)	at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	RESS
The name and Florida street address of the initial registered agent are:	
Tina R. JEFFERSON	
80 18 PAUL TONES DR JACKSONVILLE FL 32208	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
TINA R. JEFFERSON	
8483 New Kings Road, Suite #2	•
JACKSONVILLE FL 32219	

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

Signature/Incorporator

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 Date