

TRANSMITTAL LETTER

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

500002893705--5  
-06/03/99-01038--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: DCV MASONRY, 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

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: DCV MASONRY, INC.  
Name (printed or typed)  
4835 WESCH BLVD.  
Address  
JACKSONVILLE, FL. 32207  
City, State & Zip  
904-737-4851  
Daytime Telephone Number

FILED  
99 JUN -3 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. SMITH JUN 0-8 1999

## Articles of Incorporation

1. The name of the corporation shall be:

DCV MASONRY, INC.

2. The principal place of business and mailing address of the corporation is:

4835 WESCH BLVD.

JACKSONVILLE, FL. 32207

3. The corporation shall have the authority to issue 500 shares of stock.

4. The registered agent of the corporation is DOUGLAS C. VILLENEUVE and the registered street address is 4835 WESCH BLVD. JACKSONVILLE Florida 32207.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: DOUGLAS C. VILLENEUVE

4835 WESCH BLVD.

JACKSONVILLE, FL. 32207

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

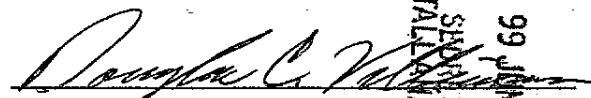
6. The incorporator of this corporation is DOUGLAS C. VILLENEUVE whose street address is 4835 WESCH BLVD. JACKSONVILLE, FL. 32207

Dated 5-29-99

  
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 am familiar with and accept the obligations of my position as registered agent.

Dated 5-29-99

  
Registered Agent

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99 JUN -3 AM 9:53  
SHERRILL J. OF STATE  
TALLAHASSEE, FLORIDA