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TRANSMITTAL LETTER

Department of S Division of Corp P. O. Box 6327 Tallahassee, FL	orations	0000030117808 -10/1179901177016 ******70.00 ******70.00
SUBJECT:	L J Lumber of Jacksonville,	. Inc.
	(proposed corporate name)	3)
Enclosed, please the above corpor	e find an original and one (1) copy of the artice ration and a check in the amount of \$70.00.	icles of incorporation for
FROM:	James & Lisa Jacobsen Name 6869 S. Phillips Parkway Drive Address Jacksonville, Florida 32256-1565 (904) 886-4743 Telephone Number	99 OCT 11 PH 12: 29 SECKETARY OF STATE TALLAHASSEE FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.	
. VAMPC Varalacan	
AUTHORIZATION BY PHONE TO	
CORRECT add an ART VI listing officers	
DATE	
DOC. EXAMSt	
• In	ompson OCT 1 5 1999

ARTICLES OF INCORPORATION

OF

L J Lumber of Jacksonville, Inc.

ARTICLE I NAME

The name of the corporation shall be: L J Lumber of Jacksonville, Inc.

ARTICLE II PRINCIPAL OFFICE

The	principa	l place	of business	s and mailing	address o	f this	corporation	shall	be:
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The principal place of basiness and h	naming address of this co	rporation shall be:
6869 S. Phillips Parkway Drive	<u> </u>	
Jacksonville, Florida 32256-1565	-	
	•	
	-	·

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: _10,000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Inomas P. Flavin, (CPA
330 Fifth Avenue	
Indialantic, Florida	32903

South Philosophy

ARTICLE V INCORPORATOR

The name and street address of the	incorporator to the	se Articles of Incorp	oration is:	
Thomas P. Flavin, CPA	_			
330 Fifth Avenue				
Indialantic, FL 32903	<u> </u>	E + **		
The undersigned has executed these		oration this 6	day of	• -
1/2		a taka asa		
,Incorporator				

ARTICLE VI OFFICERS

Lisa Jacobsen President
6869 S. Phillips Parkway Drive
Jacksonville, Florida 32256-1565



1.	The name of the corporation is:
	L J Lumber of Jacksonville, Inc.
2.	The name and address of the registered agent and office is:
-	Thomas P. Flavin, CPA
-	330 Fifth Avenue
	Indialantic, Florida 32903
Signat Title: Date:	President 10-5-99
DESIGNED AGRE	IG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ESS FOR THE ABOVE STATED CORPORATION AT THE PLACE SNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS STERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER E TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM IAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS STERED AGENT.
Date:	10/6/99