P04000104263

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
	·	
(City/	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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07/02/04--01012--011 **87.50

Standare items 39

104-25959 TH

TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		(Printed or typed)	<u> </u>
	22435 N.W.1	OCHW+.	<u> </u>
	High Spring	N F 324 State & Zip	43
,	352-339-15	245	<u>and the second of the second </u>

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

<u>, M</u>eradici



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 7, 2004

ED SHIVER 22435 NW 188TH ST HIGH SPRINGS, FL 32643

SUBJECT: P3 BUILDERS INC. Ref. Number: W04000025959

We have received your document for P3 BUILDERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 504A00043640

The name of the corporation shall be: $\beta 3$ Builders Inc	W
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 22435 NU	TALLAHASSEE, I'LORIDA U 189 thst. 195 FL 32643
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Construction	
ARTICLE IV SHARES The number of shares of stock is: 2	a e e
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Ed Shiver-President 22435 NW 188th St. High Springs Fr. 32643	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Sh-eryl Shiver 22435 Nw 18846.	
The name and address of the Incorporator is:	14 o /
22435 NW18 High S prings ************************************	SE456. E32643 ***********
Having been named as registered agent to accept service of process for the above st	
certificate, I am familiar with and accept the appointment as registered agent and ag	

Signature/Incorporator