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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AZZ CONSTRUCTION PROTECTS OF FLORIDA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: JAMES J. BROOME  
Name (Printed or typed)

358 PERSIMMON RD.  
Address

SOP CHOPPY, FL. 32358  
City, State & Zip

(850) 841-9058  
Daytime Telephone number

EMOORBJ@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ARZ CONSTRUCTION PROJECTS OF FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

358 PERSIMMON RD.  
SOP CHOPPY, FL. 32358

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

TO PROVIDE ASSISTANCE TO CONTRACTORS IN ALL CONSTRUCTION PROJECT AREA'S  
INVOLVING CUSTOMER SALES/SERVICES, OFFICE OPERATIONS & OVERALL  
PROJECT SCHEDULING/OVERSIGHT, FROM START TO FINISH.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES D. BRADY, President Name and Title: \_\_\_\_\_

Address 358 PERSIMMON RD. Address: \_\_\_\_\_

SOP CHOPPY, FL. 32358 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: JAMES D. BROOME  
Address: 358 PERSIMMON RD.  
SOP CHOPPY, FL 32358

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JAMES D. BROOME  
Address: 358 PERSIMMON RD.  
SOP CHOPPY, FL 32358

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

09-30-15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

09-30-15  
Date