

Division of Corporations

AL50002602773

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (830) 617-6381

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: jfeller@slk-law.com

15 OCT 30 PM 3:50

15 OCT 30 AM 5:03
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
L.S. Curb, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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

ARTICLE I NAME L.S. Curb, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4208 James L. Redman Parkway
Plant City, Florida 33567

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: construction

ARTICLE IV SHARES 1,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leaford Shakes - President
Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

Name and Title: Leaford Shakes - Treasurer
Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

Name and Title: Yvonne Shakes - Vice President
Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

Name and Title: Yvonne Shakes - Secretary
Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

Name and Title: Leaford Shakes - Director
Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

Name and Title: Yvonne Shakes - Director
Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

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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: Leaford Shakes

Address: 4208 James L. Redman Parkway
Plant City, Florida 33567

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bennett H. Speyer

Address: 1000 Jackson Street
Toledo, Ohio 43604

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Leaford Shakes
 Required Signature/Registered Agent

10/29/15
 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.

Bennett H. Speyer
 Required Signature/Incorporator

10/28/15
 Date

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