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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039 Phone : (305)603-8791 Fax Number : (877)503-6086

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## FLORIDA PROFIT/NON PROFIT CORPORATION INDIANA CONSTRUCTION SERVICES CORP

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Fax: (850) 617-6381

Page: 2 of 3

06/18/2019 9:55 AM

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

RTICLE II PRINC 0400 SW 211 STREET	Principal <u>street</u> address	Mailing address, if different is: 10400 SW 211TH STREET		
CUTLER BAY, FL 331		CUTLER BAY, FL 33189		
ARTICLE III PURPO The purpose for which the ANY AND ALL LAWF	ne corporation is organized is: FULL PURPOSES			
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS	Name and Title:	ZING BING	
Name and Title	10400 SW 211 STREET	Address:	33	
	CUTLER BAY, FL 33189		·	
	:	Name and Title:		
Name and Title				
Name and Title Address		Address:		
Address				
Address		Name and Title:		

bert Fanjul	Fax: 1877503	6086 To:	Fax: (850) 617-6381	Page: 3 of 3	06/18/2019 9:55
	Name and Title	ENRIQUE BALMORI CORVO	Name and Title:		
	Address	10400 SW 211TH STREET	Address:		
		CUTLER BAY, FL 33189			*
ARTICI The nam	<i>EVI REGIS</i> ne and Florida s	TERED AGENT Itreet address (P.O. Box NOT accept	table) of the registered agent is	5.	
Name:		IQUE BALMORI CORVO	moter of the registered agent i	5.	
Address	1040	00 SW 211TH STREET			
	CUI	TLER BAY, FL 33189			
	. El	RPORATOR  of the Incorporator is:  NRIQUE BALMORI CORVO			
Add	iress:	10400 SW 211TH STREET	<del></del>		
	<u>c</u>	CUTLER BAY, FL 33189	<del></del>		
Effective (If an ef filing.) Note: If	t date, if other the date is I the date inserte	CATIVE DATE:  nan the date of filing:  Isted, the date must be specific and  d in this block does not meet the app  date on the Department of State's re	cannot be more than five of the first statutory filing requires	lays prior or 90 d	
Having (	been named as i	registered agent to accept service of little with and accept the appointmen	process for the ahove stated	corporation at the see to act in this ca	place designate pacity
FALPI	OUE BAL	Who.		06/17/20	n19

Required Signature/Registered Agent

BAIMOLI
Required Signature/Incorporator

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

Date

Date

06/17/2019