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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

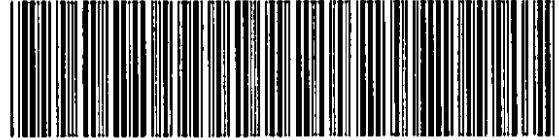
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -9 AM 11: 29

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D. O'KEEFE

MAR - 1 2022

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COVER LETTER

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

SUBJECT: Intercostal Concrete Construction Incorpora
(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: Reed Roman
Name (Printed or typed)

10924 Legacy Gateway circle #308
Address

Fort Myers FL 33913
City, State & Zip

920-358-3629
Daytime Telephone number

intercostalconcrete@gmail.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: Intercostal Concrete Construction

Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

10924 Legacy Gateway Circle
Apt. 308
Fort Myers, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Services

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reed Roman CEO Name and Title: _____

Address 10924 Legacy Address: _____
Gateway Circle #308
Fort Myers FL 33913

Name and Title: Justen Amstutz CFO Name and Title: _____

Address 10924 Legacy Address: _____
Gateway Circle #308
Fort Myers FL 33913

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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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: Reed Roman
 Address: 10924 Legacy Gateway
Cir #308 Fort Myers FL 33913

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ARTICLE VII INCORPORATOR

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

Name: Reed Roman
 Address: 10924 Legacy Gateway
Cir #308 Fort Myers FL 33913


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 days prior or 90 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

 02-02-2022
 Required Signature/Registered Agent 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.

 02-02-2022
 Required Signature/Incorporator Date