P14000006963

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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01/16/14--01004--021 **70.00



A 01/24/14

COVER LETTER

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

SUBJECT: A	bove the Rest	Concrete,	Inc.	
-	(PROPOSED CORPORA'	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l 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 CO	OF I REQUIRED	
FROM:	Peter Name	Pappas (Printed br lyped)		
	219 Narcissus Ave. S. Address			
	Lehigh Acres, FL 33974 City, State & Zip			
_	239 · 810 - 7529 Daytime Telephone number			
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)

The name of the corporat	IE tion shall be:	Above	the	Rest	Concre	te, I	<u> ۲۲</u> .	
ARTICLE II PRI	NCIPAL OFFI Principal <u>street</u>	<u>CE</u>			Mailing addres	•		
219 Nas	rcissus	AVE.	<u>s.</u>		5a.	me_		
Lehigh								
ARTICLE III PUR The purpose for which the		s organized is: _			lawfi	u l		
				inn an der stem den der stem den				Qa.
The number of shares of ARTICLE V INIT	TIAL OFFICE			-		HASSEE, FLEAB	16 PH 1: 54	gente a samme
Name and Title	: Peter	Pappas	, Pres.	Name and Titl	e:			
Address	219 No	wcissu:	s Ave.s.	Address:				
	Lehigh	Acres	3397°	+				
Name and Title:			<u> </u>	Name and Titl	e:			
Address		And the Public Line Law Co.		Address:				
								
1000		/		Nicola de Chi				
Name and Title:					e:			
Address	/			Address:		<u></u>		
		- <u>-</u>					•	·

Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	Clorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Peter Pappas	_
Address:	219 Narcissus Ave	<u></u> ይ.
	Lehigh Acres, FL 33	3974 Per 7
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Peter Pappas	
Address:	219 Narcissus Ave.	<u>.</u> s. <u> </u>
	219 Narcissus Ave. Lehigh Acres, FL3	33974
	med as registered agent to accept service of process am familiar with and accept the appointment as rej	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
1 Dix	Peppe	1-8-14
N	Required Signature/Registered Agent	Date
I submit this do		e true. I am aware that the false information submitted in a
x Rote	Acore	1-8-14
(\	Required Signature/Incorporator	Date

(IRS USE ONLY)' 575A

01-06-2014 ABOV B 999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-06-2014

() - EMPLOYER IDENTIFICATION NUMBER: 46-4424604
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ABOVE THE REST CONCRETE INC 219 NARCISSUS AVE S LEHIGH ACRES, FL 33974