

TRANSMITTAL LETTER

P01000041030

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

01 APR 23 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Elco Construction Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: PATRICIA J. LOMBARDI
Name (Printed or typed)

1033 NORTHERN WAY
Address

300004045133--5
-04/23/01--01152--004
*****87.50 *****87.50

WINTER SPRINGS, FL 32708
City, State & Zip

(407) 365-7039
Daytime Telephone number

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

T. Burch APR 24 2001

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:

ELCO Construction Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1033 Northern Way, Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1.) To engage in general contracting business.
- 2.) To transact any other lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PATRICIA J. LOMBARDI
1033 Northern Way
Winter Springs FL 32708

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PATRICIA J. LOMBARDI
1033 Northern Way
Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA J. LOMBARDI
1033 Northern Way
Winter Springs, FL 32708

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

Patricia Lombardi
Signature/Registered Agent

4-19-01
Date

Patricia Lombardi
Signature/Incorporator

4-19-01
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FILED