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

Tallahassee, FL 323	114			TAS IN
SUBJECT:	Tropical Conc	refe Designate NAME - MUST INCL	UDE SUFFIX	يوسيف ياسي
			20000443 -06/20/01- *****78.7	31427 -01091001 5 *****78.75
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and	a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM	Name (I	au/ Printed or typed)		e eze
	4726 Tich.	borne Cr. Address		e e e e e e e e e e e e e e e e e e e
	Sarasota	Florida State & Zip	34841	
	941-689	5-1162		٠.

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

Daytime Telephone number



Tropical Concrete Designs, Inc. PRINCIPAL OFFICE The principal place of business/mailing address is: **PURPOSE** The purpose for which the corporation is organized is: business <u>ARTICLE IV</u> The number of shares of stock is: 1,000 TIAL OFFICERS/DIRECTORS (optional) The name(s) and address(REGISTERED AGENT The name and Florida street address of the registered agent is: INCORPORATOR and address of the Incorporator is: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I gm familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Date

ARTICLES OF INCORPORATION

The name of the corporation shall be:

<u>ARTICLE I</u>

Signature/Incorporator

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