POLODO TOGO Z

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OF 15 01

SUBJECT:		PUMPING SERV		50 *****78.50
-	(PROPOSED CORPORAT	E NAME - MUST INC	LUDESUFFIX)	
Enclosed is an origin	al and one(1) copy of the articles	······································	10000452 -08/10/01-	84816 -01048009 5 ******0.25
\$70.00 Filing Fee	&K\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of	·
FROM:	JUAN M ACOST			1
	Name (Printed or typed) 4410 NW 194 St		- Nic	0 P
	Address Miami F1 33055		LAHASSEE	FILED AUG 10 PM
	City, State & Zip 305 - 621 - 2267 Daytime Telephone number		FLORIDA	M 2: 42

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

PS/14/01

ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (PROFISE) CRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

TABARES PUMPING SERVICES CO.

ARTICLE II PRINCIPAL OFFICE

Principal place of business/mailing address is:

4410 NW 194 St

Miami, Fl 33055

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE CONCRETE PUMPING SERVICE TO CONSTRUCTION **INDUSTRY**

ARTICLE IV **SHARES**

100 SHARES OF STOCK AT \$1.00 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

OSCAR DIAZ

JUAN M. ACOSTA

80 EAST 38TH ST

4410 NW 194 ST

HIALEAH, FL 33013

MIAMI, FL 33055

ARTICLE VI REGISTERED AGENT

The name and Florida street address of registered agent are:

JUAN M ACOSTA 4410 NW 194 ST

MIAMI, FL 33055

FILED

ARTICLE VII **INCORPORATOR**

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The name and address of the Incorporator are:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUAN M ACOSTA 4410 NW 194 St. Miami F1 33055

ARTICLE VIII

EFFECTIVE DATE

The effective date of this Corporation shall be August 15, 2001.

Having being named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signaturé/Registered Agent

JUAN M ACOSTA

Signature /Incorporator

JUAN M ACOSTA