## POLONIAL DEPTER 96590

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 02 SEP -3 PM 4: 09 SECRETART OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	Bruan	Andrew	Surles	Services	Inc.
202020	1.12	(PROPOSED CO	RPORATE NAM	E - MUST INCL	JDE SUFFIX)

500007575545--9 -09/06/02--01071--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

\$18.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

	FROM: Bryan An	Name (Printed or typed)
	217 Shad	y Lane Address
	2 = Monticello	Flq, 32344 City, State & Zip
KEIVED	₹ 997-1	630 Daytime Telephone number
C E C	SEP CONTRACTOR OF THE CONTRACT	:

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Ch		(Profit)	
ARTICLE I NAME  The name of the corporation shall be:	ryan A	Indrew Su	rles Services
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing add		Shady Liticello, Fla	ane 32 <i>344</i>
ARTICLE III PURPOSE  The purpose for which the corporation is of	organized is:	Residential	Construction
ARTICLE IV SHARES The number of shares of stock is:	/DIRECTOR	S (optional)	FILED  02 SEP -3 PH W 09  SECULAHASSEE, FLORIB
The name(s), address(es) and title(s):			TATE ORIDA
ARTICLE VI REGISTERED AC The name and Florida street address of t		gent is:	<del>=-</del> :
Bryan Andrew Surles 217 Shady Lane Monticello, Fla. 3234 ARTICLE VII INCORPORATOR			e . w
The name and address of the Incorporator  Bryan Andrew Surles  217 Shady Lane  Monticevo Fla. 32344  *********************************	******		
Having been named as registered agent to accept s certificate, I am familiar with and accept the appoi			