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TRANSMITTAL LETTER

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

SUBJECT: Certified Building Contractors of Florida, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) co	py of the articl	es of incorporation an	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of	`Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	UI H	Solv Name (P	rinted or typed)	·
	11267 T	radowin	J Blvd	•
	Largo.	FL. City, St	33773 ate & Zip	
(727)581	-1243 Daytime Tele	by 409-	-8470

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



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 14, 2003

UI H. SON 11267 TRADEWINS BLVD. LARGO, FL 33773

SUBJECT: CERTIFIED BUILDING CONTRACTORS OF FLORIDA, INC.

Ref. Number: W03000001114

We have received your document for CERTIFIED BUILDING CONTRACTORS OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

YOU MUST LIST THE NAME AND ADDRESS IN ARTICLES VI AND VII.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filing Section

Letter Number: 903A00001818

FILED

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	03 JAN 23 PM 3: 02 SECRETARY OF STATE	
ARTICLE I NAME The name of the corporation shall be	TALLAHASSEE	
Florida Certified Building Cont	Miturs	Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 11267 Tradewinds Blvd.		
Largo, Florida 33773 ARTICLE III PURPOSE The purpose for which the corporation is organized is:		·
Profit		
ARTICLE IV SHARES The number of shares of stock is: 5000		
ARTICLE V INITIAL OFFICERS/DIRECTORS (options) The name(s), address(es) and title(s): UI HYON SON (President) 11267 Tradewinds BIVO. Largo, FL. 33773	α!)	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	•	
UI H. SON 1/267 Tradewinds		
ARTICLE VII INCORPORATOR F/. 337 The name and address of the Incorporator is:		
UI H. SON 1/267 Tradewinds		
**************************************	**************************************	**************** ne place designated in the ncity
Signature/Registered Agent	_//	6/03 Date
1. Toha	- 117	(n)