P03000111646

(Re	questor's Name)	
(Ad	dress)	····
/Ad	dress)	
(nu	uresa)	
(Cit	y/State/Zip/Phone	#)
—		[]
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
`	•	•
(LC	cument Number)	
1		}
Certified Copies Certificates of Status		
Consist Instructions to	Filing Officer	
Special Instructions to Filing Officer:		





200022776952

10/09/03--01056--018 **87.50

DIVISION OF CORPORATION

RECEIVED

03 OCT -9 PH 1: 19

SECRETARY OF SIME SECRETARIES OF TAXIBITS OF TAXIBITS

TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED (850) 838-5039 Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME - O AV T. O.	Sanner
ARTICLE I NAME The name of the corporation shall be: Regional Concrete Pu	suysing special
•	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 2736	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2736 Shear For form for Fly Fly. 32347	Q 😤
	SEDY VISIC
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The purpose for winer the corporation is organized is.	9 P
ARTICLE IV SHARES	TATE 1:32
The number of shares of stock is: One burdred	ੱ ਹ ਨ
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	* . <i>L</i>
The name(s), address(es) and title(s): muther Jacon Polyto - True	raden
The name(s), address(es) and title(s): MAHAL Joson Poolytto - Proceedings of the Straw For Fd. 2736 Straw For Fd. Pary Flx.32347	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ANDTELL C	how Padgett
The <u>name and Florida street address</u> of the registered agent is: Motth- 9 2736	rean Form Rdi
Pery Fla. 3	32347
V	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Mathew Jason Park Park Park Park Park Park Park Park	65-
27 He Maine and address of the incorporator is. 1/100 Lear Form Ro	l.
Pery F4. 32347	
<i>·</i> ************************************	*******
Having been named as registered agent to accept service of process for the above stated corpo	ration at the place designated in th
certificate, I am familiar with and accept the appointment as registered agent and agree to act i	n this capacity
Matthe Jason Poolytt Signature/Registered Agent I	10-9-03
Signature/Registered Agent	Date
are in a De in	<i>i</i> -
Moth Coson Coly V Signature/Incorporator	10-9-03
Signature/incorporator 0	Date