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| Special Instructions to | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LEFFER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| | | The same of the sa | the state of the s | * |
|------------------------|--|--|--|----|
| \$70.00 Filling Fee | ☐ \$78.75 Filing Fee & Certificate of Status | Straing Fee & Certified Copy ADDITIONAL CO | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: | Stephen Pau | 1. Britt | | |
| • | Ivary | c (Printed or typed) COCCC Address | | |
| V. | vest Palm | BOCK FO | orida | 35 |
| , , , , , , | (5701) 708 Daytime | 2-7357 Telephone number | riina addiriraana ariittiin kayayay kiita aaraa | |

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

111-28373





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 2, 2003

STEPHEN PAUL BRITT JR. 5011 EL CLARO CIRCLE WEST PALM BEACH, FL 33415

SUBJECT: S.B LABORER SERVICES

Ref. Number: W03000028373

We have received your document for S.B LABORER SERVICES, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please complete the registered agent address in Article VI. You only have an abbreviation for the city.

The registered agent must sign as the registered agent as well as signing as the incorporator.

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) 245-6919.

Letter Number: 003A00054231

Beth Register
Document Specialist Supervisor
New Filings Section

9-12-03 Date

Signature/Incorporator

| • | Trees & |
|---|-------------------------------------|
| ARTICLES OF INCORPORATION | FILED |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 03 OCT 14 AM 4: 04 |
| ARTICLE I NAME | SECHELLA STATE TALLAHASSEE, FLORIDA |
| The name of the corporation shall be: S.B. Laborer Services In | TALLAHASSEE, FLORIDA |
| 5.6 Laioner 20 vices 11 | C. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| 5011 El Clara Circle WPB, Flo | orida 33415 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| Trench Managing | |
| ARTICLE IV SHARES The number of shares of stock is: | V Shork |
| The number of shares of stock is: | × 01001 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| Stephen P Britt gr (P) | |
| 5011 El claro Circle > 5011 8 | ciclaro Circle |
| WPB, Florida 33415 West T | alm Boach, Florida |
| ARTICLE VI REGISTERED AGENT | 33415 |
| The name and Florida street address of the registered agent is: | t Pollm Beach) |
| TOOMEN INCIT | _ |
| 5011 El Claro Circle W | LR' Florian 23 |
| ARTICLE VII INCORPORATOR | • |
| The name and address of the Incorporator is: 5.3. Labor Services Insteam Britt President | en t |
| 5011 EL dare Cir West Palm Beach, FL 33415 | • |
| | |
| ************************************* | |
| certificate. I am familiar with and accept the appointment as registered agent and agree to act | |
| Bleden But | 9-12-03 |
| Signature/Registered Agent | Date |