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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

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

SUBJECT: Scott Synakowski Concrete Mason INO (Proposed corporate name - must include sullix)				
	, <u>-</u>			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
□ \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131,25 Filing Fee, Certified Copy & Certificate	
' :		ADDITIONAL COPY REQUIRED		
FROM: _	Scott Synakowski Name (Printed or typed)			
5881 SE Collins Ave				
Addiess				
Stuart FL 34997				
•	City, State & Zip			
772 - 286 - 6398				
Daytime Telephone number				

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
SCOTT SYNAKOWSKI CONCRETE MASON INC

ARTICLES II PRINCIPAL OFFICE
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:
5881 SE COLLINS AVE
STUART, FL 34997



ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED
AGENT IS:
SCOTT W. SYNAKOWSKI
5881 SE COLLINS AVE
STUART, FL 34997

ARTICLE V
NAME OF INCORPORATOR
THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
SCOTT W. SYNAKOWSKI
5881 SE COLLINS AVE
STUART, FL 34997

SIGNATURE/INCORPORATOR DATE

HAVING BEEN 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 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.

SIGNATURE / REGISTERED AGENT

DATE

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