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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SEGRETARY OF STATE
TALL AMASSEE, FLORIDA
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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT: WARREN BUCHER EXCAVATING INC. (proposed corporate name must include suffix)

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

\$70.00 \$78.75 \$X \$78.75 \$87.50

Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate

\$ Copy Certificate

J. DAVID CAMPBELL

Name printed or typed

2805 TAMIANI TRAIL

Street Address

PUNTA GORDA, FL 33950

City, State, and Zip Code

941-639-0680

ADDITIONAL COPY REQUIRED

1

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

Daytime Telephone Number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WARREN BUCHER EXCAVATING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3481 COHOES STREET NE PORT CHARLOTTE, FL 33952

ARTICLE III SHARES

The number of shares of stock is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> of the registered agent is:

J. DAVID CAMPBELL 2805 TAMIAMI TRAIL PUNTA GORDA, FL 33950

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WARREN J. BUCHER

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Gary Putter

Signature/Incorporator

Date

Date

SECRETY SEE, FLORIDA
TALLAHY SEE, FLORIDA
ON OF THE PROPERTY SEE