## P03000119870

(Requestor's Name)
(Address)
(Address)
( danses)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 Doe white 10/27/03

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O3 OCT 27 PH I2: 28
DIVISION OF CURPORATION

D3 DCT 27 PM 12: 3P

## TRANSMITTAL LETTER

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

SUBJECT:	nited Contractor PROPOSED CORPORATE	s and Ensur Name-Must includi	ESUFFIX)
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	David Rename (P	FROM: Levs rinted or typed)	
	V PO BOX	12415 Address	
	Tallaha City,	35 Ce , F(q 32 State & Zip	317
	\$50-8	78 - 0992	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621,	, F.S. (Profit)	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE I NAME		
The name of the corporation shall be:	• • • • •	03 OCT 27 PM 12: 38
United Contractors . E Ens	ineer Co.	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
80 BOX 12415		
Tallahassee, Fla. 32317		•
ARTICLE III PURPOSE	a ve	
The purpose for which the corporation is organized in		A - 4 44
General Contractly and logal	protection per	- (or perate stat
ARTICLE IV SHARES	. Garage	
The number of shares of stock is:		
ADVICED IN INTEREST OPPOSITED CONTROL	TODO (madina at)	
ARTICLE V INITIAL OFFICERS/DIRECT The name(s), address(es) and title(s):	OKS (optional)	14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
David Peter - President		
1915 Chowkeebin		
Tallahassee, Fla.		
32301		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the register	ed agent is:	
David Reters		
1915 CHOWKEEBIN TALLAHASSEE, FL 323		
TALLAHASSEE, FL 323	0)	
ARTICLE VII INCORPORATOR	•	
The <u>name and address</u> of the Incorporator is:		
David Peters Po Box 12415		
Tallahissee IFla 32317		
****************	********	********
Having been named as registered agent to accept service of procertificate, I am familiar with and accept the appointment as reg		
	,	
V VIII O		10-24-03
Signature/Registered Agent		Date
AO		
XMO		10-24-03
Signature/Incorporator		Date