

P0400000 17612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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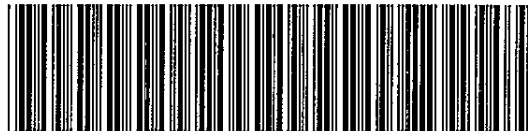
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JAN 20 PM 5:03
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: _____

Crohn Contracting, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____

Michael C. Crohn
Name (Printed or typed)

9531 Silverbowl Dr.
Address

Dade City, FL 33525
City, State & Zip

863-581-6906

Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Crohn Contracting, Inc.
A Florida Profit Corporation

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is Crohn Contracting, Inc..
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

To provide general construction services to residential and commercial customers.

3. **Authorized Shares.** The corporation shall have the authority to issue 1000 shares of common stock. The par value of the stock is \$ 1.00.
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business
9531 Silverbond Drive

Dade City, Florida 33525
Mailing Address
9531 Silverbond Drive
Dade City, Florida 33525

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of 1 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

Michael C. Crohn
9531 Silverbond Drive Dade City, Florida 33525
President

6. **Registered Agent.**
The name and Florida street address of the Registered Agent of the Corporation is:

Michael C. Crohn
9531 Silverbond Drive
Dade City, Florida 33525

7. **Incorporator.** The name and address of the incorporator is:

Michael C. Crohn
9531 Silverbond Drive
Dade City, Florida 33525

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

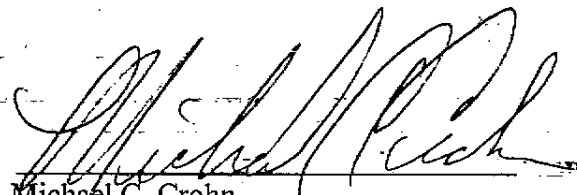
Date: 1-13-04


Michael C. Crohn

ACCEPTANCE BY REGISTERED AGENT

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.

DATE: 1-13-04


Michael C. Crohn

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA