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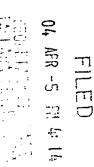
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TRANSMITTAL LETTER

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

SUBJECT:	Cover C	onstruction	Jalne.	
	(PROPOSÉD CORPORATE	NAME – MUST INCLUDI	E SUFFIX)	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	☐ \$78.75 Filing Fee	\$78.75 Filing Fee	□ \$87.50 Filing Fee,	
1 mig 2 00	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		Status ADDITIONAL COPY REQUIRED		
	<i>A</i>	FROM:		

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: nstruction Inc. ARTICLE II The principal place of business/mailing address is: The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: 100 Sheres INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT and Florida street address of the registered agent is: The name and address of the Incorporator is: 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 3/30/2 only Date Signature/Registered Agent

Signature/Incorporator