

P04000167915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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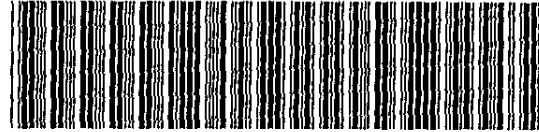
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

js  
12-15

## TRANSMITTAL LETTER

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

**SUBJECT:** SCHULTE CONCRETE, INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** James Schulte

Name (Printed or typed)

4316 Tarpon Road

Address

Venice, Fl. 34293

City, State & Zip

941-493-1803

Daytime Telephone number

DEPT OF STATE  
TALLAHASSEE, FLORIDA  
06 DEC 13 PM 1:05

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**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)

### ARTICLE I NAME

The name of the corporation shall be:

SCHULTE CONCRETE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4316 TARPON ROAD, VENICE, FL. 34293

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONCRETE PAVING

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JAMES SCHULTE, PRESIDENT

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JAMES SCHULTE  
4316 TARPON ROAD,  
VENICE, FL. 34293

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES SCHULTE  
4316 TARPON ROAD  
VENICE FL. 34293

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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