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TRANSMITTAL LETTER "

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

SUBJECT: LUKAJ	'S CONSTRUCTION CO., INC. (PROPOSED CORPORA)	TE NAME – <u>MUST INCU</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: ED	MOND LUKAJ Name	(Printed or typed)	
	4694 MILL SPRINGS DR. N.	Address	
	JACKSONVILLE, FL. 32257 City,	State & Zip	
	904-333-7235 Daytime 1	elephone number	

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)

05 JUL -5 AM 8: 49

TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LUKAJ'S CONSTRUCTION CO., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4694 MILL SPRINGS DR. N. JACKSONVILLE, FL. 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EDMOND LUKAJ 4694 MILL SPRINGS DR. N. JACKSONVILLE, FL. 322257 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

EDMOND LUKAJ 4694 MILL SPRINGS DR. N. JACKSONVILLE, FL. 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDMOND LUKAJ 4694 MILL SPRINGS DR. N. JACKSONVILLE, FL. 32257

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

Colmonol Lukay

Signature/Incorporator

Colmonol Lukay

Date