P05000 1/1825

(Decuadada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======================================
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
EILER SOJA GAVE AUTHORIZATION BY PHONE TO CORRECT //STIELE VI DATE X/11/05 DOC. EXAM // 1978-D

Office Use Only



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OS AIIC II PM I SS

TRANSMITTAL LETTER

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

SUBJECT:	PERRY EXGAVATING INC.
Enclosed is an	original and one (1) copy of the Certificate of Domestication and a check for:
FEES:	
Article	cate of Domestication \$50.00 so of Incorporation and Certified Copy of the domesticate and file \$128.75
OPTIONAL:	
Certifi	cate of Status \$ 8.75
FROM	I: Mark Perry Name (printed or typed)
	Name (printed or typed)
	1402 stallion Drive
	Loxahatchee fl 33470 City, State & Zip
	561- 753-5506 Davrime Telephone Number
	Davrime Telennone Number

•		•	ERTIF	ICATE	OF DO	MESTIC	ATIC)N		DECRETAR	Y OF STATE
The unders	igned,	m	ark_	Perr	·y	, <u>T</u>) <u> </u>	ider) }		·riesminado	PEE, FLURIDA
			`	,		_		(Title)		U5 AUG 1 i	PM 1:56
ofin accordan			_					a foreig	gn co	orporation,	
			·		•	• •				2041	
1. The date	e on whic	h corp	ration w	as first fo	ormed was	<u> </u>	1 2	JND	ع د_	7001.	. •
2. The juri				_	orporation or	\sim	_	-	d, or	otherwise	
3. The name was		_		•	prior to the	_			ome	stication	
4. The nan				,					purs	suant to	
s. 607.0	202 and 6	507.040	1 with th	is certific	cate is	Perry	1 e	Yeave	ut i	SIN.	<i>د</i> , - ا
adminis	tration of	the con	poration,	or any o		lent jurisdi	ction u	e of busines under applic	able		
6. Attached to s. 607		ida arti	cles of in	corporat	ion to comp	lete the do	mestic	ation requir	emer	nts pursuant	
I am MAR	Rec	n4,	of F	RRY	Exca	MIAI	510	3C.			
and am auth	orized to	sign th	is Certifi	ا cate of D	omesticatio	on on behal	f of the	e corporatio	n and	d have done	
so this the _				24		<u> </u>			<u> 30</u>	_	
	A	rticles	ate of Do of Incor domestic	mesticat poration	and Certi	fied Copy	;	\$50.00 <u>\$78.75</u> 128.75			

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE	r	NA	ME

THE NAME OF THE CORPORATION SHALL BE:

Perry execuating Inc

05 AUG | | PM |: 56

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1402 stallion Dr. Loxahatchee FL 33470

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO EXPORATE FOOTINGS, Utilities AND Land cleaning FOR HOUSES AND COMERCIAL.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1500 SHARES

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

mark Perry

1402 stallion Drive, &L 33470

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mark terry 1402 STALLIOS DRIVE HOXAMATCHER FL 33470

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MARK terry 1402 STALLION DRIVE hoxanatchee FL 33470

Having been named as registered agent and 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 Agon

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Signature/Incorporator

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