

P06000003765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06 JAN 11 PM 12:5706 JAN 11 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CL 1-11

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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: Alfonso Rivas  
Name (Printed or typed)

2525 Dewey ST.  
Address

W. TAMPA FL. 33607  
City, State & Zip

(813) 781-5150  
Daytime Telephone 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)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

Pyramid Construction Contractor Co.

06 JAN 11 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2525 Dewey STREET  
W. TAMPA FL. 33607

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Small Repair / General Construction

## 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):

Alfonso Rivas President  
2525 Dewey ST.  
W. TAMPA FL. 33607

## ARTICLE VI REGISTERED AGENT

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

Alfonso Rivas  
2525 Dewey ST.  
W. TAMPA FL. 33607

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alfonso Rivas  
2525 Dewey ST.  
W. TAMPA FL. 33607

\*\*\*\*\*  
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

Signature/Incorporator

Date

Date