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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

TALLAHASSEE FLORIDA

SHRIECT:	EGLIS	GIL	GRAI	DING	INC		
ococe		(PR	OPOSED	CORPO	RATE NAME	- MUST INC	LUDE SUFFIX)

Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	a check for:
S70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	
FROM: EGLIS GIL	e (Printed or typed)	
4814 29 ST SW		
	Address	
LEHIGH ACRES ,FL,	33971 y, State & Zip	
239-465-1329 Daytime	Telephone number	-

NOTE: Please provide the original and one copy of the articles.

ARTICI	ES	OF	INCORPOR	ATTON
A. T				

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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The name of the corporation shall be:

EGLIS GIL GRADING INC

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4814 29 ST SW LEHIGH ACRES FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GRADING

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):

PRESIDENTE:EGLIS GIL

4814 29 ST SW LEHIGH ACRES ,FL,33971

ARTICLE VI REGISTERED AGENT

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

EGLIS GIL 4814 29ST SW LEHIGH ACRES,FL,33971

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

EGLIS GIL 4814 29ST SW LEHIGH ACRES .FL.33971

*************	***********
Having been named as registered agent to accept service of process f certificate, I am familiar with and accept the appointment as registered	or the above stated corporation at the place designated in this I agent and agree to act in this capacity
Coff,	1-17-06
Signature/Registered Agent	Date
<i>G</i> 6	1-17-06
Signature/Incorporator	Date