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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. C. M. Corporation Name) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name			·
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	CR2F031(7/97)	Examiner's In	itials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE L- NAME

The name of the corporation shall be:

CCM PAVER'S, INC.

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ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2620 NW 22AV # 109 MIAMI FL-33142

ARTICLE IIL-SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS MARTINEZ = 2620 NW 22AV #109 MIAMI, FL-33142

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: CARLOS MARTINEZ

2620 NW 22AV #109.

MIAMI, FL- 33142

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

PERSIDENT: CARLOS MARTINEZ 2620 NW22AV #109 MIAMI, FL-33/42

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, Thereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I amount familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

STATE ORIDA