

PO 7000008901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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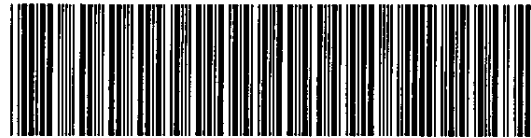
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 JAN 19 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** CASIMIRO CONCRETE DIVISION, INC.

**(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:** LANCASTER TAX SERVICE  
Name (Printed or typed)

705 WEST LANCASTER RD  
Address

Orlando, FL 32809  
City, State & Zip

407-857-5229  
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)

### **ARTICLE I NAME**

The name of the corporation shall be:

CASIMIRO CONCRETE DIVISION, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1866 PENINSULAR DRIVE  
HAINES CITY, FL 33844

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONCRETE CONSTRUCTION

### **ARTICLE IV SHARES**

The number of shares of stock is:

10,000 SHARES AT A PAR VALUE OF \$1.00 EACH.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CASIMIRO JAIMES (PRES.)  
1866 PENINSULAR DRIVE  
HAINES CITY, FL 33844

### **ARTICLE VI REGISTERED AGENT**

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

CASIMIRO JAIMES - REGISTERED AGENT  
1866 PENINSULAR DRIVE  
HAINES CITY, FL 33844

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CASIMIRO JAIMES - INCORPORATOR  
1866 PENINSULAR DRIVE  
HAINES CITY, FL 33844

\*\*\*\*\*

*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

01/15/2007

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

01/15/2007

\_\_\_\_\_  
Date

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