

PO7000047777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

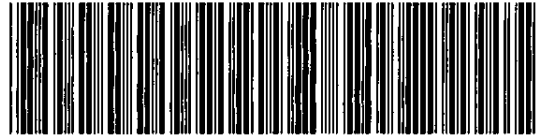
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT:

Rocklan Aggregates, 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:

SHARI LOPEZ

Name (Printed or typed)

13794 NW 4th St, Suite 202

Address

Sunrise, FL 33325

City, State & Zip

954-514-0015

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:

Rocklan Aggregates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13794 NW 4th Street, Suite 202, Sunrise, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for profit

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):

Shari L. Lopez 13221 NW 11 Ct, Sunrise, FL 33323 ^{Director} Pres.
Robert C. Stull Jr. 6270 Park St. Hollywood FL 33024 ^{Director} V. Pres.

ARTICLE VI REGISTERED AGENT

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

Shari L. Lopez 13794 NW 4th Street, #202
Sunrise, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shari L. Lopez 13794 NW 4th Street, #202
Sunrise, FL 33325


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

4/17/07

Date



Signature/Incorporator

4/17/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA