## P0800103092

(Req	uestor's Name)	
(Addi	ress)	<del>.</del>
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
, (Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

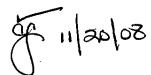
Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION



## **COVER LETTER**

FILE'S SECRETARY OF STALE DIVISION OF CORPORATIONS

2008 NOV 20 PM 1: 19

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 □ \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed Daytime Telephone number

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

2008 NOV 20 PM 1: 20

ARTICLE I NAME	1	
The name of the corporation shall be:	General	Contractor
ARTICLE II PRINCIPAL OFFICE		
The principal street address and mailing address, if differ	rentis:	
147.18 C	rent is: 9 Pr. Rd 0 FL 32832	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:	,	
Genera	1 Building	
ARTICLE IV SHARES		
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS	
T' ( ) 11 ( )1 'C - 1'41-(-)	<del></del>	
Blaise La Rochelle	Dasident	
Blaise Latochelle 1	14210.0.0	
14718 Capri Rd		
14718 Gapri Pl Brlando FL 32832		
Of Iborted 12 abroos		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT a	ecceptable) of the registered age	nt is:
Blaise La Rochelle 147,18 Capri Rl Orlando FL 32832		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Blaise La Rochelle 14718 Capri Pol Orlando FL 32832		
Maise Lagorette		
19118 Gapri Rd		
Uriando FL 32832		
Having been named as registered agent to accept sarvice of proce	ess for the above stated corneration.	at the place decimated in this
certificate, I am familiar with and accept the appointment as registe		
Daise Mells	//	-15-08
Signature/Registered Agent		Date
Deux Il	1/-	<u>-/5-08</u> Date /5-08
Signature/Incorporator		Date
orginature/titeorporator		~ att