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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

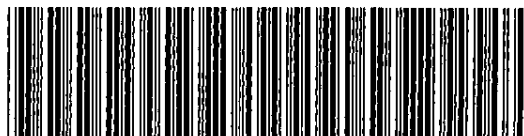
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## TRANSMITTAL LETTER

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2009 JAN 20 PM 1:26

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

SUBJECT: A L M PLASTERING, 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: Marie-Camille Lacombe, Registered Agent  
Name (Printed or typed)

159 N.E. 54TH Street Suite 914  
Address

Miami, Florida 33137  
City, State & Zip

561-598-1262  
Daytime Telephone number

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

## **Articles of Incorporation**

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

### **FIRST**

The name of the corporation is: **A L M PLASTERING, INC.**

### **SECOND**

The period of its duration is Indefinite.

### **THIRD**

The purpose of the corporation is: Sub-Contracting

### **FOURTH**

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

### **FIFTH**

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

### **SIXTH**

Cumulative Voting of shares of stock are authorized.

### **SEVENTH**

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

### **EIGHT**

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

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#### **NINTH**

The address of the initial Registered Office of the corporation is:  
159 N.E. 54<sup>TH</sup> Street Suite 914 Miami, Florida 33137  
and the name of it's initial Registered Agent at such address is:  
Marie-Camille Lacombe

#### **TENTH**

Address of the principal place of business is:  
159 N.E. 54<sup>TH</sup> Street Suite 914 Miami, Florida 33137

#### **ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is Two, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

- |                                    |   |
|------------------------------------|---|
| * Marie-Camille Lacombe, PRS/TRS.. | 159 N.E. 54 <sup>TH</sup> Street Suite 914 Miami, Florida 33137 |
| * Adler Mathurin, VP./ SC.         | 159 N.E. 54 <sup>TH</sup> Street Suite 914 Miami, Florida 33137 |

#### **TWELFTH**

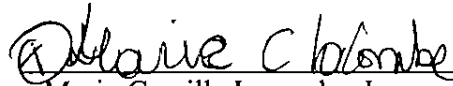
The name and address of each incorporator is:


NAME

ADDRESS

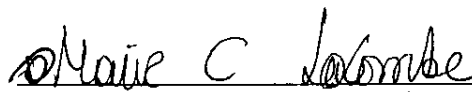
- |                                    |   |
|------------------------------------|---|
| * Marie-Camille Lacombe, PRS/TRS.. | 159 N.E. 54 <sup>TH</sup> Street Suite 914 Miami, Florida 33137 |
| * Adler Mathurin, VP./ SC.         | 159 N.E. 54 <sup>TH</sup> Street Suite 914 Miami, Florida 33137 |

Date: January 15<sup>th</sup>, 2009

  
Marie-Camille Lacombe, Incorporator

  
Adler Mathurin, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.

  
Marie-Camille Lacombe, Registered Agent

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