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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**STOUT CONSTRUCTION SERVICES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## **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:

STOUT CONSTRUCTION SERVICES INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

209 MCCLURE DR. #B

GULF BREEZE, FLORIDA 32561

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT

TIMOTHY WILLIAM STOUT

209 MCCLURE DR. #B

GULF BREEZE, FLORIDA 32561

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PAGE 2 STOUT CONSTRUCTION SERVICES INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

TIMOTHY WILLIAM STOUT  
209 MCCLURE DR. #B  
GULF BREEZE, FLORIDA 32561

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**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

TIMOTHY WILLIAM STOUT  
209 MCCLURE DR. #B  
GULF BREEZE, FLORIDA 32561

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.

  
TIMOTHY WILLIAM STOUT / Registered Agent

10-14-09  
Date

  
TIMOTHY WILLIAM STOUT / Incorporator

10-14-09  
Date