## P09000090519

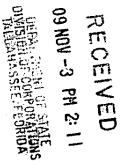
| (Re                                     | equestor's Name)        |             |
|---|-------------------------|-------------|
| (Address)                               |                         |             |
| (Address)                               |                         |             |
| (Ĝit                                    | ty/State/Zip/Phone      | e #)        |
| (C)I                                    | yr Otater Ellyr Filolii | ·,          |
| PICK-UP                                 | ☐ WAIT                  | MAIL        |
| (Business Entity Name)                  |                         |             |
| (Document Number)                       |                         |             |
| Certified Copies                        | _ Certificates          | s of Status |
| Special Instructions to Filing Officer: |                         |             |
|   |                         |             |
|   |                         |             |
|   |                         |             |
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|   |                         |             |

Office Use Only



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11-03-08

## **COVER LETTER**

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

| SUBJECT: 4              | (PROPOSED CORPORA   | inc of Kepair                                | <u>Service</u>                  |
|-------------------------|---|--|---------------------------------|
|                         | (PROPOSED CORPORA   | TE NAME - MOST INCL                          | UDE SUPPLA)                     |
| Enclosed are an orio    | ginal and one (1) copy of the arti  | cles of incornoration and                    | La check for                    |
| Eliciosed are all orig  | and one (1) copy of the arti  | cies of incorporation and                    | a check for.                    |
| ☐ \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee  | \$78.75<br>Filing Fee                        | \$87.50 Filing Fee,             |
|                         | & Certificate of Status   | & Certified Copy                             | Certified Copy & Certificate of |
|                         |   | ADDITIONAL CO                                | Status PPY REQUIRED             |
|                         |   |  |                                 |
|                         |   |  |                                 |
| FROM:                   | Cultis Edwa<br>Name   | ملع  |                                 |
|                         | Name  | (Printed or typed)                           |                                 |
|                         | 916 CREEK RJ  | <u>.                                    </u> |                                 |
| <del></del>             | , in the second | Address                                      |                                 |
|                         | Tollahose   | e fl 32305                                   | •                               |
| <del></del>             | City,   | e f 32 30 5<br>State & Zip                   |                                 |
|                         | 850-51  | 0-4986                                       |                                 |
|                         | Daytime T   | U-U986<br>elephone number                    |                                 |
|                         | Shipleye 1236   | Comcest. nel                                 | <del>t</del>                    |
|                         | E-mail address; (to be used   | i ior iuture annuai report i                 | iouncation)                     |

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:  CAECCOCRETE FIRSLING A REPORT SERI  | lice, Inc  |
| ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  |  |
| 916 Creek Rd Tolkhassee, R 32305   |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To provide A service For home repoins   | SECON CO   |
| ARTICLE IV SHARES The number of shares of stock is:  | O9 NOV -3 PH 2: 17 SECRETARY OF STATE PALLAHASSEE, FLORIDA |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):   | 2: 17<br>STATE<br>ORIO,                                    |
| 916 Creek Rd Tolkhassee, R 30305   |  |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered age  CURLIS LALLAND  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  CULIS LALLAND  OTTO CLEEK RU  TO LOOK ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: | gent is:   |
| **************************************   |  |
| place designated in this certificate, I am familiar with and accept the appointment agree to act in this capacity  |  |
| (ub 52-  | 11/3/69  |
| Signature/Registered Agent   | Date   |

Signature/Incorporator

11/3/09 Date