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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

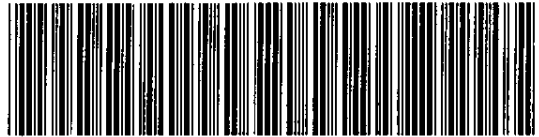
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 2/9/10

## COVER LETTER

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

**SUBJECT:** AGGRESSIVE CONSTRUCTION ENTERPRISES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JUDITH L WALTON

Name (Printed or typed)

1519 MICHIGAN AVE.

Address

ST. CLOUD, FL 34769

City, State & Zip

407-957-1842

Daytime Telephone number

michiganavehouse@hotmail.com

E-mail address: (to be used for future annual report notification)

**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:

Aggressive Construction Enterprises, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1519 Michigan Ave St Cloud FL 34769

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Concrete Contractors

## ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Judith Walton 1519 Michigan Ave St Cloud FL 34769 - President  
William Hlibbits 582 Eden Br St Cloud FL 34771 - Vice President  
David Walton 1519 Michigan Ave St Cloud FL 34769 - Sec/Treasurer

## ARTICLE VI REGISTERED AGENT

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

Judith Walton  
1519 Michigan Ave  
St Cloud FL 34769

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judith Walton  
1519 Michigan Ave  
St Cloud FL 34769

\*\*\*\*\*

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

Judith Walton

Signature/Registered Agent

Judith Walton

Signature/Incorporator

2-1-10

Date

2-1-10

Date

FILED  
10 FEB - 8 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA