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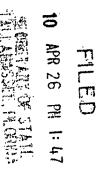
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT: ASPITA	(PROPOSED CODEOD	TE NAME – <u>MUST INCL</u>	UDE CHEELY
	(FROFOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: AN	TOŅIA G NEGRETTE		
	Nam	e (Printed or typed)	
276	; 55 JANUARY AVENUE		
370		Address	
NO	RTH PORT, FL 34288		
		State & Zip	
941	-740-2469		
	Daytime 7	elephone number	
4_4:_	• agratta@yahaa aam		
tatir	regrette@yahoo.com F-mail.address: (to be use	d for future annual report i	otification)

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:

ASPHALT PAVING and CONSTRUCTION SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 3755 JANUARY AVENUE NORTH PORT, FL 34288

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ASPHALT CONSTRUCTION AND PAVING

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTONIA G ANTONIA G **EVERSON A** NEGRETTE,

NEGRETTE. NEGRETTE.

NEGRETTE.

PRESIDENT SECRETARY

TREASURER VICE PRES.

EVERSON A

ARTICLE VI REGISTERED AGENT

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

EVERSON A NEGRETTE

3755 JANUARY AVENUE

NORTH PORT, FL 34288

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WM. M. MCCRONE

101 SHARWOOD DRIVE

NAPLES, FL 34110

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

Signature/Registered Agent

Signature/Incorporator

<u>4-23-10</u> Date