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SECRETARY OF STATE DIVISION OF CORPORATIONS

# **COVER LETTER**

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

SUBJECT:	CULVERT	SPECIALI	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00	\$78.75	\$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM:	DAVID C Name 1077 SAN	e (Printed or typed)	MAN EET
	PORT CHI	ARLOTTE, State & Zip	FL 33952
	941 - 7L Daytime T	13 - 6554 Telephone number	
	Kathiskippia E-mail address: (to be use	embaramai d for future annual report	, CoM notification)

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

August 27, 2010

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

Re: Culvert Specialist, Inc. and Culvert Specialist LLC

### Gentlemen:

On March 8, 2010, I, David C. Harshman converted the Culvert Specialist, Inc. to Culvert Specialist LLC.

At this time I am filing new corporation papers for Culvert Specialist, Inc. to activate this corporation.

Please be advised that I, David C. Harshman, hereby certify that I am the sole owner and President of Culvert Specialist, Inc. as well as the sole owner and Manager of Culvert

David C. Harshman, President

Culvert Specialist, Inc.

Specialist LLC.

David C. Harshman, Manager

Culvert Specialist LLC

State of Florida County of Charlotte

Before me personally appeared, David C. Harshman, President of Culvert Specialist, Inc. and Manager of Culvert Specialist LLC on this 27 day of August, 2010, and certified the aforegoing is true.

Notary Public

My Commission Expires:



### 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:

CULVERT SPECIALIST, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1077 SANGER STREET PORT CHARLOTTE, FL 33952

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MINI-EX CAYATION + IN STALLATION OF DRAINAGE CULVERTS

### ARTICLE IV SHARES

The number of shares of stock is:

100 common stock

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID C. HARSHMAN, PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

DAVID C. HARSHMAN 1077 SANGER STREET

PORT CHARLOTTE, FL. 33952

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DAVID C. HARSHMAN 1077 SANGER STREET

PORT CHARLOTTE, FL. 32952

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

8 27 (U Date

8/27/10 Date