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COVER LETTER

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

SUBJECT: Florida Coast Steel Corp.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROм: Grant L Kasten	(Printed or typed)			
910 May Ave	Address			
Holly Hill Fl. 32117	State & Zip			
<u>386 316 3417</u>	elephone number			
wmarks323@aol.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co	NAME Florida Coast Steel (proporation shall be:	Corp.		
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
9	010 May Ave			
. <u>F</u>	Holly Hill FL32117			
ARTICLE III				7 <u>4</u> 8
	hich the corporation is organized is:			<u></u> \$3. 8
Fabrication a	nd installation of miscellaneous st	eei produ	CIS	FILED IT 20 PH ETAST OF HASSEE, FL
				STA STA
ARTICLE IV				
The number of shar	res of stock is:100			سي ، حر
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors		
Name and Ti	tle:William G Marks president	Name	and Title: Grant L K	asten Vice president
Address:	310 Creek Ln.	Addre	ess: <u>910 May /</u>	Ave
	Ormond Beach fl 32174		HOILY HILL	FI 32117
	itle:			
Address:		Addre		
				
Name and Ti	tle:	Name		
Address:				
				
ARTICLE VI	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable	e) of the regi	stered agent is:	
Name:	Grant L Kasten			
Address:	310 May Ave Holly Hill Florida 32117			
A DOTO: D. TITT	•			
	INCORPORATOR Iress of the Incorporator is:			
Name:	Grant L Kasten		•	
Address:	310 May Ave			
	Holly Hill Florida 32117			
Having been name this certificate, I an	ed as registered agent to accept service of pro in familiar with and accept the appointment as	ocess for the registered a	above stated corporati gent and agree to act in	on at the place designated in this capacity
dran	X. Jaslen			10-18-10.
	Required Signature/Registered Agent			Date
I submit this document to the D	ment and affirm that the facts stated herein	are true. I	am aware that the fals	e information submitted in a
Management to the De	partment of State constitutes a third degree f	etony as prov	rueu jor in \$.81 /.155, f	10-18-10
<u> </u>	Required Signature/Incorporator			Date