: PD00098011

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

JALLAHASSEE ELONG

PS 12/3/10

COVER LETTER

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

SUBJECT: SGR CONTRACTORS	S INC.	
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti	TE NAME – <u>MUST INC</u>	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: James Bowers II Name	(Printed or typed)	·
14749 Country Ln.	Address	
Delray Bch. FL 334	184 State & Zip	
561 -441-4187 Daytime T	elephone number	
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 The name of the corp	SGR CONTRACTOR oration shall be:	RS INC.		
1 <u>4</u> De	PRINCIPAL OFFICE Principal street address 749 Country Ln. Iray Bch. FL.	Mailing ac	Mailing address, if different is:	
ARTICLE III Po	URPOSE ch the corporation is organized is:			
,				
ARTICLE IV S				
The number of shares				
	NITIAL OFFICERS AND/OR DIRECT			
Address:	:James Bowers II President 14749 Country Ln.			
710010001	Delray Bch. Fl.			
	33484			
Nome and Title	•	Name and Title:		
Address:	×	Address	<u> </u>	
redicts.		nous.		
			73	
Nows and Title		N J T'4		
Address:	:			
ruurus.		Address.		
ADMINI PIN D				
	EGISTERED AGENT la street address (P.O. Box NOT acceptable	of the registered agent is:		
Name:	Mary Bowers		99	
Address:	14749 Country Ln.			
	Delray Bch. Fl. 33484			
ARTICLE VII II	NOODDOD 4 MOD			
	ss of the Incorporator is:			
Name:	James Bowers II			
Address:	14749 Country Ln.			
	Delray Bch FL 33484			
Having been named this certificate, I am f	as registered agent to accept service of production as a comparison with and accept the appointment as	cess for the above stated corpor registered agent and agree to ac	ration at the place designated in At in this capacity	
111/	MM(': (1)DIN	ew	11/30/10	
7 166	Required Signature/Registered Agent		Date	
		·.		
I submit this docume	ent and affirm that the facts stated herein	are true. I am aware that the f	false information submitted in a	
иоситені to tne Depo	artment of State constitutes a third degree fel	ony as provided for in s.817.15:), F.X	
Λ			11/20/10	
yare is	Required Signature/Incorporator		11 30 7/0 Date	