## P110000009761

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	∍ #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

W11-2611

m 1/20/11

## **COVER LETTER**

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

SUBJECT:	FLORIDA STATE CONSTRUCTION AND DESIGN GROUP, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation an	nd a check for:	
\$70.00 Filing Fee	\$78.75 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: ROBERT R. WILLS, ESQ. Name (Printed or typed)				
-	P. O. Box 2356	Address		
_	Fort Lauderdale, Florida 3 City,	3303 State & Zip		
-	954-205-6815 Daytime 7	elephone number		
_	BobWillsFLA@aol.com E-mail address: (to be use	d for future annual report	t notification)	
	•			

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



RECEIVED

11 JAN 27 PM 2:21

SECRETARY C- SAVE

FLORIDA DEPARTMENT OF STATE
Division of Corporations:

January 14, 2011

ROBERT R WILLS ESQ PO BOX 2356 FORT LAUDERDALE, FL 33303

SUBJECT: FLORIDA STATE CONSTRUCTION, INC.

Ref. Number: W11000002611

We have received your document for FLORIDA STATE CONSTRUCTION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 611A00001304

Division of Comparations DO DOV 6297 Tollahagaa Florida 29214

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the con	rporation shall be: FLORIDA STATE (	CONSTRUCTION A	ND DESIGN GROUP, INC
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
11	01 NE Third Avenue		
		UMRIL	
<u>م</u>	uite 1500 ort Lauderdale, Florida 33301	-	
t.7	on Laudeldale, Florida 33301		
ARTICLE III	PURPOSE		- 52
	hich the corporation is organized is:		
<b>FF</b>			Z 351-
			SOR OF CO JAN 27
ANY LAWFUL	_PURPOSE.		Q. 19]
			<b>3 3 3 3 3 3 3 3 3 3</b>
			2
ARTICLE IV	SHARES		<b>5</b> ∰
The number of shar			###
	100		
	INITIAL OFFICERS AND/OR DIRECTOR		
	tleDerek Cupp, President	Name and Title:	
Address:	101 NE Third Avenue	Address:	
	Suite1500	<del> </del>	
	Fort Lauderdale, Florida 33301		
	·		
Name and Ti	tle Daniel Cupp, Vice President 101 NE Third Avenue	Name and Title:	
Address:	101 NE Third Avenue	Address:	
	Suite 1500	<del></del>	
	Fort Lauderdale, Florida 33301		
Mana and Wi	41	Managard Title	
Address:	tle:	Name and Title:	
Address:		Address:	
	· · · · · · · · · · · · · · · · · · ·		
		<del>-</del>	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	•
Name:	Derek Cupp		
Address:	101 NE Third Ave Ste 1500	<del></del>	
	Fort Lauderdale, Florida 33301		
	-Fuit-Laudeldale, Florida 33301	<del></del>	
ARTICLE VII	INCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	Derek Cupp		
Address:	101 NE Third Ave Ste 1500		
^	Fort Lauderdale, Florida 33301		
/1	•		
	ed as registered agent to accept service of proces		
this certifiqute, f an	n fomiljar with and accept the appointment as rej	gistered agent and agree to	act in this capacity
1/./			1-21-2011
	Required Signature/Registered Agent		Date
I submit this decu	ment and affirm that the facts stated herein are	e true. I am aware that th	e false information submitted in a
document to the De	epartment of Stale constitutes a third degree felor	y as provided for in s.817.	155, F.S.
		· · · · · · · · · · · · · · · · · · ·	•
	///		1_21_2011
1 mil	Required Signature/Incorporator		1 <u>-21-2011</u> Date
_			Lale