## P118888/7160

(Requestor's Name)			
(Address)			
(Address)			
(City,	/State/Zip/Phone	<i>⇒</i> #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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11 FEB 17 PH 1:41
SECRETARY OF STATE
TALL AHASSEE FLORING



## **COVER LETTER**

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

SUBJECT: Southern Crane and M	lachinery, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	ADDITIONAL COLL REQUIRED
FROм: R. L. Parker	
Name	e (Printed or typed)
8520 S. W. 80th Place	
6520 S. W. OUTH Flace	Address
Miami, Florida 33143	State & Zip
· ·	
305-412-5151	elephone number
rlparker02@bellsouth.ne	d for future annual report notification)
L-man address. (to be use	a for factic annual report nonneadon)

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

## ARTICLES OF INCORPORATION

		FINCORPORATION
	ADTICI PS OF	EINCOPPODATION
•	In compliance with Chapter 6	F INCORPORATION 607 and/or Chapter 621, F.S. (Profit) 1 FEB 17 PH 1:41
		OF PH I: I.
ARTICLE I The name of the	NAME se corporation shall be:  Southern Crane a	and Machinery, Inc.  SECRETARY OF STATE TALLAHASSEE FLORIDA
	•	AHASSEEFISTATE
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
	8520 S. W. 80th Place	P. O. Box 430837
	Miami, Florida 33143	Miami, FL 33243
	PURPOSE	
	or which the corporation is organized is:	and an increase of all binds, and to conduct any oth
		and equipment of all kinds, and to conduct any oth
lawful activ	/ities.	
ARTICLE IV	SHARES	
	shares of stock is: 1,000 of no par value	e.
	•	
ARTICLE V		CTORS Treas. Name and Title:Robert L. Parker, Director-Secy
Address:	521 San Servando	
	Coral Gables, FL 33143	
	·	
Name and	d Title:	Name and Title:
Address:	a rine.	
Name and	d Title:	Name and Title:
Address:		Address:
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI		
	Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name: Address:	Robert L. Parker 8520 S. W. 80th Place	
Addiess.	Miami, FL 33143	<del></del>
	•	<del></del>
ARTICLE VI	I INCORPORATOR  address of the Incorporator is:	
Name:	R. L. Parker	
Address:	8520 S. W. 80th Place	
	Miami, FL 33143	
Havina haan n	amed as registered agent to accept service of	f process for the above stated corporation at the place designated i
		it as registered agent and agree to act in this capacity
	- 1 /\ n "	
	- Y.V. Vacle	15 February 2011
<u> </u>	Required Signature/Registered Age	ent Date
l submit this A	ocument and affirm that the facts stated her	rein are true. I am aware that the false information submitted in
	e Department of <del>State c</del> onstitutes a third degre	
	TU X n	
	De Vac	15 February 2011
	Required Signature/Incorporato	Date Date