## P110000 22962

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





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## **COVER LETTER**

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

SUBJECT: DAVID TERTUSEK, CONTRACTOR FACT.				
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy Certificate Of Status  ADDITIONAL COPY REQUIRED			
FROM: DAVID IERTUSEK Name (Printed or typed)				
6155 LEONI	ARD Rd ddress			
HASTINGS City, S	FLORIDA, 32M5 State & Zip			
904-806-04= Daytime Te	39 02 904-806-3503 elephone number			
Pada Jean Mana Oparth In K. NET 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 co	NAME orporation shall be: DAVID TEA	RTUSEK CONTRA	CTOR, INC.		
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:		
1)AS	5 LEDNARD KOL STINGS, FLORIDA 32145				
ARTICLE III The purpose for w	PURPOSE which the corporation is organized is:	EMODLANG, R.	EPAIR, RESTORATION		
			Ps 1		
ARTICLE IV The number of sha	SHARES ures of stock is: 1600		HAR -8		
ARTICLE V  Name and T  Address:	INITIAL OFFICERS AND/OR DIRE itle: DAVID J. TEDIUSEK 9 6155 LEDWARD KO HASTINGS, FL. 3211	CTORS  POSS, Name and Title:  Address:	PH 3: 8		
Name and T Address:	itle: EMILY E. TRUT-TERTUS 6155 LEONARD Rd HASTINGS, FL. 321	Name and Title:  Address:			
Name and T Address:	itle:	Name and Title:Address:			
	REGISTERED AGENT  Orida street address (P.O. Box NOT accept  ORVID J. TEATUSEK,  6/55 LEDNARD RO  + 450 MC 5 FM 30	<u>Piees,</u>			
ARTICLE VII The name and ade Name: Address:	<del>/////////////////////////////////////</del>	<u>USEK</u>			
	ned as registered agent to accept service of m familiar with and accept the appointment				
_	ifed Signature Registered Agent	1 Date	<u></u>		
	ment and affirm that the facts stated here repartment of State compitutes a third degree				