## P11000045969

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## **COVER LETTER**

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

SUBJECT: Price Building	TE NAME - MUST INCLUDE SUFFIX)
(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
FROM: Anthony C. Name	Price (Printed or typed)
136 Lake Sh	or Dr. N. Address

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

E-mail address: (to be used for future annual report notification)

Palm Harbor FL 34684 City, State & Zip

727 - 409 - 4572 Daytime Telephone number

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

ARTICLE I NA The name of the corpor	me ation shall be: Price Building	Solutions Inc	C.
ARTICLE II PR	INCIPAL OFFICE	)	
. 21	Principal <u>street</u> address  O Lake Shore Dr. N.		dress, if different is:
	In Harbar SL 34684		<u>e</u>
The purpose for which	the corporation is organized is: TO P2C	WIDE CONSULTIN	16, DESIGN, AND A10 IN
ITE CONS	TEXCTION OF SINGLE FAM	ILY HOMES, CON	HERCIAL CONSTRUCTION
	AND REMODELING RE	ESIDENTH OF	A LATERO
	. ,-	المام الم	TO THE PART OF THE
ARTICLE IV SH	ARES		T NAY
The number of shares o	f stock is: VO.OOO		7 m m
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTORS	7	ILE IZ
	ANTHONY PRICE DIRECTOR	Name and Title:	
Address: _	136 LAKE SHULE DE U	Address:	3 3 C
_	PALM HARBOR, FL 34684	- · · · · · · · · · · · · · · · · · · ·	
-			<u> </u>
Name and Title:_ Address:			
Address: _		Address.	
_			
Name and Title		Name and Title:	
Address:			
			·
-			
	GISTERED AGENT		
The name and Florida Name:	street address (P.O. Box NOT acceptable) of the ALEXA L. PLICE	he registered agent is:	
Address:	136 LAKESHOLE DE N		
	PALM HARRIE FL 34684		
ARTICLE VII INC	CORPORATOR		
The name and address	of the Incorporator is:		
Name:	AUTHONY C PRICE DR. N.		
Address:	PAIN NAPBOO FL 34680	4	
	registered agent to accept service of process niliar with and accept the appointment as regis	i for the above stated corpor	
ins terrificate, langua	пиш ти ини иссерсите арронитень из геды	истен идет ити идтес то ист	in this cupucay
Wlexe Yu			5/9/2041
	Required Signature/Registered Agent		Date
I submit this document document to the Depart	t and affirm that the facts stated herein are t inent of State constitutes a third degree felony	rue. I am aware that the fa as provided for in s.817.155	alse information submitted in a , F.S.
	\ \( \langle \		5/9/2011
	Required Signature/Incorporator	<del></del>	Date
,			