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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

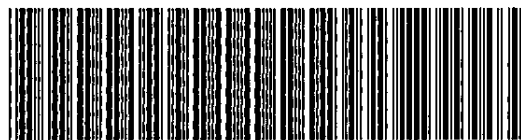
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
11 AUG 31 AM 10:55  
DIVISION OF CORPORATIONS

FILED  
2011 AUG 31 AM 9:38  
DIVISION OF CORPORATIONS

J. Shivers SEP 01 2011

## COVER LETTER

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

**SUBJECT:** Burke Construction Services, Inc.  
(PROPOSED CORPORATE NAME -- MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Kevin F. Burke

Name (Printed or typed)

6787 n.w. 32nd court

Address

Margate, Fl. 33063

City, State & Zip

954-242-9873

Daytime Telephone number

kfb@bellsouth.net

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

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

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

**ARTICLE I NAME**

The name of the corporation shall be: **Burke Construction Services, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**6787 n.w. 32nd Court**  
**Margate, Fl. 33063**

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Kevin F. Burke-President**  
Address: **6787 n.w. 32nd Court**  
**Margate, Fl. 33063**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Kevin F. Burke**  
Address: **6787 n.w. 32nd Court**  
**Margate, Fl. 33063**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Kevin F. Burke**  
Address: **6787 n.w. 32nd Court**  
**Margate, Fl. 33063**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Kevin F. Burke*  
Required Signature/Registered Agent

8-26-2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Kevin F. Burke*  
Required Signature/Incorporator

8-26-2011

Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA