

COVER LETTER

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

SUBJECT: Nathaniel Jackson Concrete Pumping, 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: Nathaniel Jackson
Name (Printed or typed)

4914 Pimlico Ct.
Address

West Palm Beach, FL 33415
City, State & Zip

561-729-2040
Daytime Telephone number

N/A
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 NAME

The name of the corporation shall be: Nathaniel Jackson Concrete Pumping, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4914 Pimlico Ct.
West Palm Beach
Florida 33415

Mailing address, if different is:
same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all law-ful activities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nathaniel Jackson, Owner
Address: 4914 Pimlico Ct.
West Palm Beach
Florida 33415

Name and Title: _____
Address: N / A

Name and Title: _____
Address: N / A

Name and Title: _____
Address: N / A

Name and Title: _____
Address: N / A

Name and Title: _____
Address: N / A

ARTICLE VI REGISTERED AGENT

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

Name: Nathaniel Jackson
Address: 4914 Pimlico Ct.
West Palm Beach, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nathaniel Jackson
Address: 4914 Pimlico Ct.
West Palm Beach, FL 33415

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

Bh

Required Signature/Registered Agent

9.16.11

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.

Bh

Required Signature/Incorporator

9.16.11

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 23 AM 11:21

APPROVED
AND
FILED