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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(B)	siness Entity Nai	me)			
,50	James Emily Ival	me)			
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

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

SUBJECT: Florida Designation of the Signature of the Signature of the Subject of	ne and Construction
Enclosed are an original and one (1) copy of the artic	cles 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
FROM: Joe Lift Name	(Printed or typed)
16 Ross	Address ·
Crawford	1.1/4 F/ 32327 State & Zip
250 9 Daytime To	elephone number
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 N. The name of the corpo	AME pration shall be: Florida Design G.	nd Cer	nstruction I	tno-2		
ARTICLE II P	RINCIPAL OFFICE					
Principal street address			Mailing address, if different is:			
-4,	6 Ress br					
	Crawfordville, Fl 32327				·	
400000000000000000000000000000000000000				··············		
The purpose for which	h the corporation is organized is:			=	,	
Construc					ئىرى	
Construc	Hier			> I	494.4044	
				## 6		
				- SS ₹ 33	1/2 : प्राप्त हुं = 3000	
ADMICE DAY					Francis F	
The number of shares	HARES of stock is:					
	of stock is.			- DF	O	
	IITIAL OFFICERS AND/OR DIRECTOR		1 milit	3 to		
Name and Title: Address:	TOE Liftles, Sr	Name an Address:		>	 	
	Crawfind villa FJ 32317	_ / (da/e65.			 	
		-			 	
Name and Title:	LOE Littles Jr	Name an	d Title:			
Address:	5895 Williams Rd	Address:				
	Tallehosser, # 32311	=				
	10 000	-				
Name and Title:		Name an				
Address:	-TOURKE (See Fl 2)301	_ Address:				
		-				
ARTICLE VI RE	EGISTERED AGENT					
	a street address (P.O. Box NOT acceptable) of	the register	red agent is:			
Name:	DOE Littles					
Address:	16 KOSS Br	327				
	_Crawtordulle, Fl3	ise (
	ICORPORATOR is of the Incorporator is:	2				
The <u>name and address</u> Name:	is of the Incorporator is:	in	<u>s</u>			
Address:	16 Ross Dr	,				
	Crawfords. He, F. 1323	-7				
Having been named e	us registered agent to accept service of process	for the ab	ove stated cornoratio	on at the place de	esignated in	
this certificate, I am fa	uniliar with and accept the appointment as regi	stered ager	nt and agree to act in	this capacity		
4	1241			12/12/	2017	
The field	Required Signature/Registered Agent		 .	10/10/	415	
///	Required Signature/Registered Agent			Date		
	nt and affirm that the facts stated herein are				bmitted in a	
document to the Depa	rtment of State constitutes a third degree felony	as provide	ed for in s.817.155, F.	S.		
A 114	HB			2-13	-201	
- FI	Required Signature/Incorporator			Date	-2012	