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J. SHINGE JUN 1 9 2012

COVER LETTER

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

SUBJECT: EngineeRunner, Corp.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	DPY REQUIRED
FROм: <u>Loren Pittack</u>	e (Printed or typed)	
16930 SW 109 AVE	Address	
Miami, FL 33157	State & Zip	
305-975-5669 Daytime T	elephone number	
LPITTACK@GMAIL.COI E-mail address: (to be used	M d for future annual report	notification)

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

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	16930 SW 109 AVE	 	
	Miami, FL 33157		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
To provide I	building construction services in	residential and commercial	zones.
ARTICLE IV			
The number of sh	hares of stock is 100		
	INITIAL OFFICERS AND/OR DIS		
	Title: Loren Pittack (President)	Name and Title:	
Address:	16930 SW 109 AVE Miami, EL 33157		
	Wilding, FL 35 137		
Nomeand	Title.	Name and Title	
Address:	Title:		
ridaross.			
Name and	Title:	Name and Title:	
Address:	Title.		
ARTICLE VI	REGISTERED AGENT		**************************************
	lorida street address (P.O. Box NOT acce	ptable) of the registered agent is:	26. AE
Name:	Loren Pittack		12, LA
Address:	16930 SW 109 AVE Miami, EL 33157		E E T
	·		Si I
	INCORPORATOR		m-< 00 F
	ddress of the Incorporator is:		÷ 117
Name: Address:	Loren Pittack		50 7
Audress:	16930 SW 109 AVE Miami, FL 33157		ORDER CO
	\sim \sim 11 I		
Having been na	med as registered agent to accept service	of process for the above stated corpo	oration at the place designated i
his certificate, I	am familiar with and accept the appointment	ent as registered agent and agree to a	ct in this capacity
	Loun Malk		(111) 200
	Required Signature/Registered A	gent	6/4/2012
	Required Signature/Registered A		r Date
submit this do	cument and affirm that the facts stated h	erein are true. I am aware that the	false information submitted in
submit this do locument to the	cument and affirm that the facts stated h Department of State constitutes a third deg	erein are true. I am aware that the ree felony as provided for in s.817.15	false information submitted in 5, F.S.
submit this document to the	cument and affirm that the facts stated h Department of State constitutes a third deg	erein are true. I am aware that the ree felony as provided for in s.817.15	false information submitted in is, $F.S.$