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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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12 JUL 18 AN 10: 27
SECRETARY OF STATE

MR) 1/19/12

COVER LETTER

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

SUBJECT: Cloutier Construction Company, 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 **3**\$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Jayson Cloutier Name (Printed or typed) 6221 NW Hacienda Ln Address Port St Lucie, FL 34986 City, State & Zip 561-722-8124 Daytime Telephone number

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

jaysoncloutier@att.net E-mail address: (to be used for future annual report notification)

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailin	ng address, if different is:
€	3221 NW Hacienda Ln		
	Port St Lucie, FL 34986		
_			
A DOTOL D III	PURPOSE		
ARTICLE III	hich the corporation is organized is:		
	in the residential construction marke	t	
wake a prom	in the residential construction marke	ι.	
			ALS:
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ARTICLE IV The number of sha	res of stock is:100		Str. C
The number of sha	ics of stock is.		F 异 [
	INITIAL OFFICERS AND/OR DIRECTOR		OF SH
	itle: Jayson Cloutier President		
Address:	6221 NW Hacienda Ln		<u> </u>
	Port St Lucie, FL 34986	-	
Name and T	itle:	Name and Title:	
Address:			
	itle:	_ Name and Title:	
Address:		_ Address:	
		-	
	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Jayson Cloutier		
Address:	6221 NW Hacienda Ln	_	
	Port St Lucie, Ft 34986	_	
ARTICLE VII	INCORPORATOR		,
	Iress of the Incorporator is:		
Name:	Jayson Cloutier		
Address:	6221 NW Hacienda Ln		
	Port St Lucie, FL 34986		
Unnium haan nam	ed as registered age <u>nt to a</u> ccept service of proces	s for the above stated o	ornoration at the place decignated is
	ed us registered agent to uccept service of proces in familiar with and accept the appointment as rep		
ins conjunct, i ui	A december of the second secon	isieren ugent una ugree	to act in this capacity
_			7/7/12
	Required Signature/Registered Agent		Date
	Redurred Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that	the false information submitted in (
	epartment of State constitutes a third degree felor		
	15		
			7/7/12
	Required Signature/Incorporator		Date