

PI2000083287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

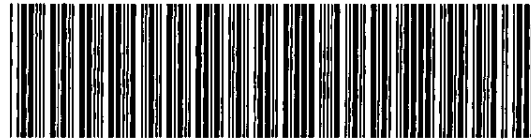
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400240174324

400240174324  
10/01/12--01057--001 \*\*70.00

FILED  
12 OCT -1 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
10/2/12

## COVER LETTER

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

SUBJECT: Construct-Erectors, 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: Construct-Erectors, Inc

Name (Printed or typed)

213 111th St East

Address

Bradenton, FL 34212

City, State & Zip

941-745-2539

Daytime Telephone number

Dave@cozzetteaccounting.com

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** Construct-Erectors, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
213 111th St East  
Bradenton, FL 34212

**FILED**  
12 OCT -1 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Any and All Lawful Purposes

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: <u>David Ramage, President</u>	Name and Title: _____
Address: <u>213 111th St East</u>	Address: _____
<u>Bradenton, FL 34212</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: David Cozzette  
Address: 7365 Merchant Court Suite 6  
Sarasota, FL 34240

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Cozzette  
Address: 7365 Merchant Court Suite 6  
Sarasota, FL 34240

*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*

Da G  
Required Signature/Registered Agent

9/26/12  
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.*

Da G  
Required Signature/Incorporator

9/26/12  
Date