P13000014351

(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.				
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COVER LETTER

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

SUBJECT: Sc	wheast Commer (PROPOSED CORPORA	cial Construc	tion and R	
	,			
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i 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 REC		
	Michael A. Mase Name			
<u> 17</u>	001 1001295	Address		
	Tampa Fl. Zity.	360 Ce State & Zip		
9	313 - 447-5544 Daytime T	elephone number		
/	MMASSARO 44 E-mail address: (to be use	Jahon C	OM 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)

he name of the corpora	tion shall be: Southerst Commercia	I Constantion and	Restoration In	
	NCIPAL OFFICE Principal street address	Mailing addre	Mailing address, if different is:	
1807 Down TAMPA F	1. 33626			
	POSE he corporation is organized is:	engage in Cont	onnercial racting	
e number of shares of	TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	SECRETARY OF STA	
Address	11807 Derbyshine Da Tampa Fl. 33626	Address:		
Name and Title:		Address:		
Name and Title:				

<u>.</u>:

Name and	i Title:	Name and Title:					
Address		Address:					
		VI. 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
			7				
ARTICLE VI	REGISTERED AGENT						
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:							
Name:	Michael A. Massaro						
Address:	11807 Derbyshere De. TAMPA Fl. 33424	-					
	TAMAGE F1. 33424						
	•	AL SE	ಪ				
ARTICLE VII	INCORPORATOR	「					
The name and ad	dress of the Incorporator is:	ASS.					
Name:	Michael AiMassare		P C D				
Address:	11807 Derby Shire Dr Tamper F1. 33626		<i>S</i> .				
	Tamper F1. 33626	- Crri	ق				
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							
Wink	I a Mussaus	1-25	-2013				
/ (1)2,4	Required Signature/Registered Agent	Di	-2013 ate				
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.							
Milun	1 a Musican	1-25	-2013				
,	Required Signature/Incorporator		Date				