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(Re	questor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(50	onicoo Entry Ivan			
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
	_			
Consideration to Elling Officer				
Special Instructions to Filing Officer:				
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SECHETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: VERTICES	CONSTRUCTION CO. INC.
(PROPOSED CORPORA)	TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
Name 3609 Reclex Naples, Florid City, S 239-686 Daytime Te	(Printed or typed) Lion Lane Address AHASSET OF STATE State & Zip Com Cast. net Tor tuture 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 The name of the corporation shall be: VERTICES	CONSTRUCTION	CO.	工	-NC
Principal office Principal street address Principal street address Principal street address Apples, Florida 34111	Mailing address, if differe			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Real Estate Con	rotruction			
ARTICLE IV SHARES The number of shares of stock is:				
Name and Title: TROY RUSH (P) Address: Address: Address:	S Name and Title: Address:			
Name and Title:Address:	Name and Title:Address:			
Name and Title: Address:	Name and Title: Address:		NUL at	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Address: NAPLES FLORIDA HA	the registered agent is:	HASSEE FLOA	JN 25 AM 8:	高
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: NAPLES FL DUIT	LANE	DA A	32	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	istered agent and agree to act in this capa	place desig city 18/13	nated ii	n
Required Signature/Registered Agent		Date		
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	tion submi		a

Required Signature/Incorporator