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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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13 JUL 24 PM 4: 07

COVER LETTER

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

SUBJECT: QUIN	CY & QUINCY CONCE	RETE OF HIGHLAN ATE NAME – <u>MUST INCL</u>	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED

Name (Printed or typed)

206 GEESE STREET

Address

AVON PARK, FL 33825

City, State & Zip

Daytime Telephone number

kaluminuminc@yahoo.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)

06 GEESE	PRINCIPAL OFFICE Principal street address STREET	Mailing ad	Idress, if different is:
VON PAR	K, FL 33825		
RTICLE III P he purpose for whi CONCRETI	CURPOSE ich the corporation is organized is:	CONRPORATION	V
RTICLE V I	SHARES s of stock is: 1000 INITIAL OFFICERS AND/OR DIRECT Title: QUINCY CLAITT-PRES 206 GEESE STREET AVON PARK, FL 33825	S Name and Title:	13 JUL 24 PM 4: 07 SERVICE STATE FALL AND SEE TLORIDA
Name and T	LEROY CLAITT- V PRE 206 GEESE STREET AVON PARK, FL 33825	Address:	

Name ar	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI The name and F	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of the control	f the registered agent is:
Name:	QUINCY CLAITT	-
Address:	206 GOOSE STREET AVON PARK, FL 33825	-
The name and address of the Incorporator is: Name: QUINCY CLAITT 206 GOOSE STREET		FILED 13 JUL 24 PM NATIONAL AND SELECTION NATIONAL
Address:	AVON PARK, FL 33825	- F15975 4: 07
	med as registered agent to accept service of proces amfamiliar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in Hys Capacity
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in any as provided for in s.817.155, F.S.
(Dring Charle	7)/1/2013
	Required Signature/Incorporator	Date