P13000064816

(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: Charles Sirmans gave authorization to change name and add him as director so thay could get worker comp. Hands all
4113-17690

Office Use Only



500246027455

03/25/13--01032--029 **87.50

COVER LETTER

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

SUBJECT:	CSCSINC.	TE MAME MUST INCUI	IDE CHIEFINA		_	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLU</u>	IDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	ticles 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 Co & Certificate Status	e of		
		ADDITIONAL CO	PY REQUIRE	D		
FROM: CSCS,INC. Name (Printed or typed) 328 KATHLEEN PLACE Address FORT WALTON BEACH, FLORIDA, 32548 City, State & Zip					13 AUG -7 AM 9: 46	
	850) 200-6745	Felephone number	··			
	CSCSINCORPORATED@ E-mail address: (to be use	GMAIL.COM J	notification)	-		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2013

REBECCA BARNEY 328 KATHLEEN PLACE FORT WALTON BEACH, FL 32548

SUBJECT: CSCS, INC.

Ref. Number: W13000017690

We have received your document for CSCS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 513A00007160

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

ARTICLE I NATE The name of the corpora	ME ation shall be: CSCS OF FWB, INC.			
ARTICLE II PRI	NCIPAL OFFICE Principal street address	ICE		
328 KATHLEEN	IPLACE			
FORT WALTO	N BEACH			
FLORIDA , 32548	3			
ARTICLE III PUR	POSE			
he purpose for which	the corporation is organized is: TO PRO	OVIDE CONSTR	RUCTION SUPERVISION	
TO COMMERCI	AL CONSTRUCTION PROJECT	TS NATIONWI	DE,	
	•		> <u>//</u>	
			AUG	
			6-7 ASS	
			mil n	
ARTICLE IV SHA The number of shares of	stock is: 10,000,000		AH 9: CFST/	
) (46	
	TIAL OFFICERS AND/OR DIRECTO			
Name and Title	E REBECCA BARNEY	Name and Title:_	CHARLES SIRMANS	
Address	328 KATHLEEN PLACE	Address: _	328 KATHLEEN PLACE	
	FORT WALTON BEACH	_ _	FORT WALTON BEACH, FL 3254	
	FLORIDA, 32548			
		-		
Name and Title		Name and Title:_		
Address		Address:		
Name and Title		Name and Title:_	·	
Address		Address:		

Name and	Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and Flor</u>	ida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	JESSIE BARNEY	
Address:	#1.12th STREET.	
	Shalimar, Florida, 32579	
		골동 교
ARTICLE VII	INCORPORATOR	AUG CHIA
The <u>name and add</u>	ress of the Incorporator is:	(A) 1 戸 (A)
Name:	Rebecca Barney	
Address:	328 KATHLEEN PLACE	STATE 6
	FORT WALTON BEACH, FLOR	RIDA, 32548
Having been name	d as registered agent to accept service of process	for the above stated corporation at the place designated in
this certificate, I an	n familiar with and accept the appointment as reg	istered agent and agree to act in this capacity
	Roman Boira	3/22/13
7	Required Signature/Registered Agent	
I submit this docur	nent and affirm that the facts st e t <u>ed here</u> in are t	true. I am aware that the false information submitted in a
document to the De	vartment of Nate constitute Cothird device felim	as provided for in s.817.155, F.S.
, 15,		3-22-13
	Required Signature/Incorporator	Date