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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**
Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ASPHALT,PAVE & MATERIALS SUPPLY,CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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: ASPHALT,PAVE & MATERIALS SUPPLY, CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

6847 BROOKLINE DR

HIALEAH FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADITH GRIPPA PRESIDENT

Name and Title: _____

Address: 6847 BROOKLINE DR

Address: _____

HIALEAH FL 33015

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: 13 NOV 14 AM 11: 22
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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: ADITH GRIPPA
Address: 6847 BROOKLINE DR
HIALEAH FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADITH GRIPPA
Address: 6847 BROOKLINE DR
HIALEAH FL 33015

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


Required Signature/Registered Agent

11/14/2013
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.


Required Signature/Incorporator

11/14/2013
Date