PK1000030354

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400258174914

400258174914 04/03/14--01035--015 **78.75

14 APR -3 PM 12: 28
SEGNETARY OF STATE
ANASSEE, FLORIBE

MD 4/4

COVER LETTER

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

SUBJECT: NEW	YORK CITI CONSTRUC	CTION, INC.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee . & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
Ar	ndrea Thomas	•	
FROM:	·	e (Printed or typed)	
. 444	48 Inverrary Bouleard	· ·	
-		Address	
La	uderhill, FL 33319		
	City	, State & Zip	
(95	4) 329-4798		
	Daytime [*]	relephone number	
АТ	@nvccaroup.com		

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

E-mail address: (to be used for future annual report notification)

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

RTICLE II PRINCIPAL OFFICE Principal street address 448 INVERRARY BOULEVARD	Mailing address, if different is:
AUDERHILL, FL 33319	五二 ·
RTICLE III PURPOSE the purpose for which the corporation is organized.	zed is:
	FI OR IS
he number of shares of stock is:	
ne number of snares of stock is:	D/OR DIRECTORS
RTICLE V INITIAL OFFICERS ANI	
Name and Title:	D/OR DIRECTORS
Name and Title:	D/OR DIRECTORS Name and Title:
Name and Title:	D/OR DIRECTORS Name and Title:
Name and Title: Name and Title:	D/OR DIRECTORS Name and Title: Address: Name and Title:
Name and Title:	D/OR DIRECTORS Name and Title: Address: Name and Title:
Name and Title: Name and Title:	Name and Title: Address: Name and Title: Address: Address:
Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address: Address:
Name and Title: Address Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address: Address:

Name ar	nd Title:	Name and Title:	
Address	S	Address:	
ARTICLE VI	REGISTERED AGENT		14 API
The name and F	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Andrea Thomas		3 PA
Address:	4448 Inverrary Boulevard	_	M IS: 2
	Lauderhill, FL 33319	_	28 PATE DRIB
ARTICLE VII	INCORPORATOR		•
The name and a	ddress of the Incorporator is:		
Name:	Andrea Thomas		
Address:	4448 Inverrary Boulevard		
	Lauderhill, FL 33319	_	
Having been nat this certificate, I	med as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporal registered agent and agree to act	tion at the place designated in in this capacity — 4/04/4
	Required Signature/Registered Agent	<u></u>	Date
	cument and affirm that the facts stated herein an Department of State constitutes a third degree felo		
	Required Signature/Incorporator		4/01/11
	Required Signature/Incorporator		Date /