## P14000035738

| (Re                     | equestor's Name)   |             |  |
|-------------------------|--------------------|-------------|--|
| (Ad                     | ldress)            |             |  |
| (Ad                     | dress)             |             |  |
| (Cit                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |
| - (Bu                   | siness Entity Nar  | ne)         |  |
| (Document Number)       |                    |             |  |
| Certified Copies        | _ Certificates     | s of Status |  |
| Special Instructions to | Filing Officer:    |             |  |
|                         |                    |             |  |
|                         |                    |             |  |
| J. 16/                  |                    |             |  |
| W14-400                 | rud '              |             |  |

Office Use Only



400258784774

04/10/14--01008--006 \*\*87.50

SECRETARY OF SOME OF S

1#1

## **COVER LETTER**

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

| SUBJECT:                | Uten Const                                 | uction &                            | UDE SUFFIX)   |
|-------------------------|--|-------------------------------------|---|
|                         | (PROPOSED CORPORA                          | TE NAME – MUST INCL                 | UDE SUFFIX)   |
| Enclosed are an orig    | inal and one (1) copy of the art           | cicles 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 |
| ADDITIONAL COPY REQUIRE |  |                                     |   |
| FROM:                   | Robert Jam                                 | e (Printed or typed)                |   |
| _8                      | 330 Crestwoo                               | Address                             |   |
|                         | Titusville Fl                              | a 32796<br>State & Zip              |   |
|                         | 321-576-7551<br>Daytime 1                  | Felephone number                    |   |
|                         | None At This T                             | •                                   | notification)                                       |

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



April 11, 2014

ROBERT JAMES ALTON 830 CRESTWOOD AVE TITUSVILLE, FL 32796

SUBJECT: ALTON CONSTRUCTION INC

Ref. Number: W14000023202

We have received your document for ALTON CONSTRUCTION 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 314A00007866

## ARTICLES OF INCORPORATION

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

| The name of the corpora                | tion shall be:                         | Censtr   | action.  | lnc                  |             |
|--|--|--|--|----------------------|-------------|
| ARTICLE II PRI                         | NCIPAL OFFICE Principal street address |  | Mailing addre  | ss, if different is: |             |
| 830 Cr                                 | estwood Ave                            | <u>,                                      </u> |  |                      |             |
| Titusvill.                             | c Fla. 32726                           |  |  |                      |             |
|  | nstruction In                          |  |  |                      |             |
| ARTICLE III PUR                        | PPOSE the corporation is organized is: | 4 200  | B. 11:   | · /                  |             |
| Renova:                                | the corporation is organized is:       | : MOTHE  | Uw Jaing   | orid                 |             |
| nenova.                                | 7/0n                                   |  |  |                      |             |
|  | <u> </u>                               | , h - h - 7                                    | ka naji a Pilip kaji   |                      |             |
|  |  |  |  |                      |             |
|  |  |  | The state of the s |                      | بن          |
|  |  |  |  |                      | N N         |
|  |  |  |  | APR 2                | 10 H        |
|  |  |  |  |                      | 22.         |
| ARTICLE IV SHA The number of shares of | ARES /OC                               |  |  |                      | <b>PGS</b>  |
| The number of shares of                | stock is:                              |  |  | 3: 0(                | 相談          |
|  | TIAL OFFICERS AND/OR                   |  | (  | ,                    |             |
| Name and Title                         | e: Mobert Alton t                      | resident Name                                  | and Title:   |                      | <del></del> |
| Address                                | 830 Crestwo                            | ed Ave Addre                                   | ess:   | ·                    |             |
|  | Titusoille                             | Fl.  |  |                      |             |
|  | 32796                                  | ·  |  |                      |             |
|  | Sophie McLan<br>830 Crest wo           | Trasure  |  |                      |             |
| Name and Title                         | SOPILE MELAN                           | Name   | and Title:   |                      |             |
| Address                                | To least we                            | ング インピ Addre                                   | ess:   |                      |             |
|  | Titus Ville 1                          |  |  |                      |             |
|  | 32796                                  |  | <del></del>  |                      |             |
| Name and Title                         | s:                                     | Name   | and Title:   |                      |             |
| Address                                |  |  |  |                      |             |
| / tuu i e s                            |  | riduit   |  |                      |             |
|  |  |  |  |                      |             |

EURETARY OF STATE OF STATE

| Name and Title:   | Name and Title:                 | 2014 APR 2 L PM 2: 05 |
|---|---------------------------------|-----------------------|
| Address   | Address:                        |                       |
| Address   | Address.                        |                       |
|   | <del></del>                     |                       |
|   |                                 |                       |
|   |                                 |                       |
| ARTICLE VI REGISTERED AGENT   |                                 |                       |
| The name and Florida street address (P.O. Box NOT accept  | able) of the registered agent i | s:                    |
| Name: Robert Alton Robert   | atten                           |                       |
| Address: 830 Crestwood  |                                 |                       |
| Titus vi'lle F1. 327  | 96 <u> </u>                     |                       |
| ARTICLE VII INCORPORATOR  |                                 |                       |
| The <u>name and address</u> of the Incorporator is:   |                                 |                       |
| Name: Robert Alton 9  | ober Otten                      |                       |
| Address: 830 Crestwoc   | d Ave                           |                       |
| Titusville Fl. 3.   | 2796                            |                       |
| Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment  |                                 |                       |
| Robert Olton  |                                 | 4/7/14                |
| Robert Alton  Required Signature/Registered Age   | ent                             | Date                  |
| I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degree | ein are true. I am aware the    |                       |
| 74  | •                               |                       |
| Gobert alton  |                                 | 4/1/14                |
| Mobert Alten  Required Signature/Incorporator   | · ———                           | / Date                |
| 1100000 111100  |                                 |                       |