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# P14000047384

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
K.A. CONCRETE PUMP INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*Handwritten signature and date: 06/03/14*

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

**ARTICLE I NAME** K.A. CONCRETE PUMP INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

17300 NW 68 AVE  
APT: 205  
HIALEAH, FL 33015

Mailing address, if different is:

17300 NW 68 AVE  
APT: 205  
HIALEAH, FL 33015

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (P) PATRICIA TEIXEIRA DE OLIVEIRA  
Address: 17300 NW 68 AVE  
APT: 205  
HIALEAH, FL 33015

Name and Title: (VP) FIDEL AGUILA  
Address: 17300 NW 68 AVE  
APT: 205  
HIALEAH, FL 33015

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: PATRICIA TEIXEIRA DE OLIVEIRA  
 Address: 17300 NW 68 AVE APT: 205  
HIALEAH, FL 33015

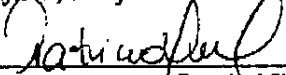
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: PATRICIA TEIXEIRA DE OLIVEIRA  
 Address: 17300 NW 68 AVE APT: 205  
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

05/30/2014  
 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

05/30/2014  
 Date