P1400069122

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

WIH- 48162



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FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, TILLE VA

August 6, 2014

WALTER E. BROWN 2659 HOMESTEAD LANE HILLIARD, FL 32046

SUBJECT: THE STRUCT-CON GROUP INC.

Ref. Number: W14000048162

We have received your document for THE STRUCT-CON GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 914A00016906

COVER LETTER

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

_{subject:} The	Struct-Con Grou	ıp Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 Copy & Certificate of
		ADDITIONAL CO	Status PV REQUIRED
FROM:	Walter E	E Brown (Printed or typed)	
	2659 Homes	stead Ln Address	
	Hilliard, Fi	32046 State & Zip	
	904.55 Daytime T	R.2683 elephone number	
	E-mail address: (to be used	77 e 4400 com	notification)

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

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

ARTICLE I NAM The name of the corporat	E The Struct-Con G	roup Inc.	· · · · · · · · · · · · · · · · · · ·		
ARTICLE II PRINCIPAL OFFICE Principal street address 2659 Homestead Lane		Mailing add	Mailing address, if different is:		
Hilliard, Florid		 , ,			
	POSE he corporation is organized is: awful business permitted				
and of the Sta	te of Florida.				
			Fig. 7		
			5		
ARTICLE IV SHA	IRES 400				
The number of shares of	stock is:		III: 2		
	TIAL OFFICERS AND/OR DIRECTOR		7		
Name and Title	Walter E. Brown, Presiden	Name and Title:			
Address	2659 Homestead Lane	Address:			
	Hilliard, Florida 32046				
Name and Title					
Address		Address:			
Name and Title		Name and Title:			
Address		Address:			

Name a	nd Title:	Name and Title:
Addres	SS	Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	o) of the registered agent is:
Name:	Walter E. Brown	y or the registered agent is.
Address:	2659 Homestead Lane	一
. radioss.	Hilliard, Florida 32046	
ARTICLE VII	INCORPORATOR	### ### ### ### #### ################
The name and a	address of the Incorporator is:	II: 2
Name:	Walter E Brown	
Address:	21059 Homostead Lane	
	Hilliard, FL 32046	
Having been no	pred as registered agent to accept service of proc	cess for the above stated corporation at the place designated in
thur certificates	am familiar with and accept the appointment as	2 / 2
[[[]]	Required Signature/Registered Agent	30 July 2014
I submit this do	ocumentand affirm that the facts stated herein a	' are true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree fe	
	Required Signature/Incorporator	30 July 2014
		č