P140007976/

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #) .		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·				



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09/12/14--01017--007 **87.50

14 SEP 25 PM 1:34 SCOKETARY OF STATE

COVER LETTER

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

SUBJECT: Cor	ncrete Life Const	ruction Corp.	IDE CHEEIV
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 PY REQUIRED
FROM: N	lark Alan Howard		
69	908 Berry Grove		
С	lermont, FL 347	Address	

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

City, State & Zip

Daytime Telephone number

concretelifemark@gmail.com

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

352-267-6420



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 SEP 25 AN IO: 57

SECRETARY VI. FATE TALLAHASSEE, F. DRIDA

September 17, 2014

MARK ALAN HOWARD 6908 BERRY GROVES ROAD CLERMONT, FL 34714

SUBJECT: CONCRETE LIFE CONSTRUCTION CORP.

Ref. Number: W14000056847

We have received your document for CONCRETE LIFE CONSTRUCTION CORP, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 414A00019879

anne m 11.1. anno Florida 39314

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

		, A C ~	
	NCIPAL OFFICE Principal street address	Mailing address, if different is o	
		~46'A5.	
6908 Berry Groves Road Clermont, FL 34714		356.63	
Siermont, FL	J47 14	TASSE FE. FLO	
·	 		
ARTICLE III PUR	POSE he corporation is organized is:	ction	
The purpose for which t	ic corporation is organized is.		
 			
			
ADTICLE IV QUA	DFC		
ARTICLE IV SHA The number of shares of	stock is: 100		
	TAL OFFICERS AND/OR DIRECTORS	<u>s</u>	
Name and Title	Mark Howard, President	Name and Title:	
Address	6008 Barry Groves Boad		
	6908 Berry Groves Road	Address:	
	Clermont, FL 34714	Address:	
		Address:	
		Address:	
Name and Title:	Clermont, FL 34714		
	Clermont, FL 34714	Name and Title:	
Name and Title:	Clermont, FL 34714	Name and Title:	
	Clermont, FL 34714	Name and Title:	
	Clermont, FL 34714	Name and Title:	
	Clermont, FL 34714	Name and Title:	
Address	Clermont, FL 34714	Name and Title:	
Address	Clermont, FL 34714	Name and Title: Address: Name and Title:	
Address Name and Title:	Clermont, FL 34714	Name and Title: Address: Name and Title:	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Mark Howard	
Address:	6908 Berry Groves Road	•
	Clermont, FL 34714	· ·
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Mark Howard	
Address:	6908 Berry Groves Road	_
	Clermont, FL 34714	·
Having been nam this certificate, I a	ned as registered agent to accept service of process un fapillar with and accept the appointment as reg	for the above stated corporation at the place designated in distered agent and agree to act in this capacity
$//U_{\Omega}$		9/22/14
	Required Signature/Registered Agent	Date
I submit this docu document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
M_{Λ}		9/22/14
	Required Signature/Incorporator	Date