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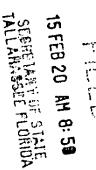
(Requestor's Name)				
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(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: K	(B Upscale	Construct	ion Inc.			
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL COPY REQUIRED				
FROM: Kaleb Calderon						
Name (Printed or typed) 937 Wedgewood Dr. Address						
Winter Springs, Fl 32708						
(407) 383-7741 Daytime Telephone number Kaleb. alejandra ome. com						
	Kaleb ale	Jandra o	me.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)

ne name of the corpo	ration shall be: 11 0	 	Construction I
737 W	Principal office Principal street address Edgewood Springs 32708	_Dr	Mailing address, if different is:
RTICLE III PU	RPOSE 1 the corporation is organized is:	constr	uction busines
he number of shares	IITIAL OFFICERS AND/OR D	IRECTORS PICS	
he number of shares	of stock is: 1 IITIAL OFFICERS AND/OR D tle: Kaleb Cald 937 Wedge	erony Name and Wood Address:	Title: SECOND
RTICLE V IN Name and Ti Address	of stock is: 1 IIIIII OFFICERS AND/OR D tle: Kaleb Cald 937 Wedge Dr. Winter G	WOOD Address:	15 FEB 20 TALLAM-98
he number of shares RTICLE V IN Name and Ti Address	of stock is: 1 ITTIAL OFFICERS AND/OR D tle: Kaleb Cald 937 Wedge Dr. Winter 9 Florida, 32	Name and Address: Name and Address: Address: Address:	15 FEB 20 TALLAM-98
Name and Tit Address Name and Tit Address	of stock is: 1 ITTIAL OFFICERS AND/OR D tle: Kaleb Cald 931 Wedge Dr. Winter C florida, 32	Name and Address: Name and Address: Address: Address:	Title: TALLANASSE AND THE SECRETARY OF

Name and True:_	Na	me and True:	
Address _	Ad	dress:	
-			
	STERED AGENT reet address (P.O. Box NOT acceptable) of the	registered agent is:	
Name: KC	11eb Calderon		
Address: 93	7 Wedgewood D inter springs fl	32708	
ARTICLE VII INCO	RPORATOR		
The name and address of			
Name:	aleb Calderon,		
Address: Q	37 Wedgewood Jinter Springs Fl	32708	
Having been named as re this certificate, I am famil	gistered agent to accept service of process for iar with and accept the appointment as register		at the place designated in this capacity
			2/5/15
	Required Sugnature Registered Agent		Date
I submit this document g document to the Departm	nd affirm that the facts stated herein are true. ent of State constitutes a third degree felony as	. I am aware that the false i provided for in s.817.155, F.	nformation submitted in a S.
	Resuired Signaturo Incorporator		$\frac{2/5/15}{\text{Date}}$
	Columbia Signatura III Signatura		Date
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			→

15 FEB 20 AM 8: 50
SECORDARY OF STALE