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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s 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: TN	LOVATIVE BUILD (PROPOSED CORPORA	ING CONST	euction	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 DPY REQUIRED	
FROM: DEI-ROY THOMAS Name (Printed or typed) 1911 POCKLAKE DRIVE Address OKLANDO F 32805				
		State & Zip		
	407 - 819 - Daytime T	Celephone number		
	NoumiTNDBC gm. E-mail address: (to be use	ail. Com ed for future annual report	notification)	

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

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

The name of the corpora	ME ation shall be: INNO VATIVE	BuiLDING	CONSTRUCTION IN
	Principal street address CLLAKE DRIVE	Mai 	ling address, if different as
ORLAND	DD FI 32805		27 PH 12:
The purpose for which the purpose for the purpose for the purpose for which the purpose for	the corporation is organized is:		08100 35
	CONSTELLCTION	OF H	OHA COMC
ARTICLE IV SHATE Of shares of	ARES stock is: \O		
	TIAL OFFICERS AND/OR DIRECTO	RS Sa つらいて) Name and Title:	
Address	1911 ROCLIANS Dr. ORLANDO FI 325	Address:	
Name and Title: Address	· VIETTE TOBERTS	A 13	
Name and Title:		·	

Name and	l Title:	Name and Title:			
Address		Address:			
			,		
ARTICLE VI	REGISTERED AGENT		75 5		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	SANDRA BROWN		5 2 7 5 SE		
Address:	27PH CABGENET CICLE		PH 12:		
	Ocoee A 34761	•	2: 35		
ARTICLE VII	INCORPORATOR				
The <u>name and add</u>	dress of the Incorporator is:				
Name:	DETROY THOMAS				
Address:	\sim				
	UKLANDO FI 3280	2			
	ed as registered agent to accept service of process for familiar with and accept the appointment as regi				
	Required Signature/Registered Agent		02/10/2015		
	J Required Signature/Registered Agent		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.					
Del	from G Thomas		2106/01/50		
(Required Signature/Incorporator		Date		