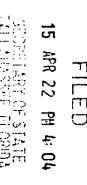


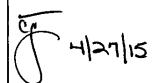
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (IVC | equestor's reame) | |
| 744 | ldress) | |
| (Au | iuless) | |
| | | |
| (Address) | | |
| | | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | • | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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04/22/15--01012--008 **87.50





COVER LETTER

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

| SUBJECT: INTREPID PRECAST INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | |
|--|--|-------------------------------------|---|--------------|--|--|
| | (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 | i 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 CO | PY REQUIRED | | | |
| FROM: | 470 SE | Address | | | | |
| OCALA FL 34480 Rity, State & Zip | | | | | | |
| | RGStem 19 | elephone number | 1112 | 15 APR 22 PH | | |

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



FILED
15 APR 22 PH 4: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 22, 2015

RICHARD STEM 470 123RD STREET ROAD OCALA, FL 34480

SUBJECT: INTREPID PRECAST INC

Ref. Number: W15000028226

We have received your document for INTREPID PRECAST INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for INTREPID PRECAST INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

| Filing Fees | \$35.00 |
|-----------------------|---------|
| Registered Agent | |
| Designation | \$35.00 |
| Certified Copy | \$8.75 |
| Certificate of Status | \$8.75 |

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 515A00008123

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME INC ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is R BARRY STEM 170 s = 123 street Road ARTICLE III PURPOSE The purpose for which the corporation is organized is: 73 MANUFACTURE SHIP AND ENSTALL PRECAST CONCRETE PRODUCTS IN VARIOUS MARKETS INCLUDING, SITE WALLS, FROT SOUND BARRIER WALLS LARGE STRUCTURES SUCH AS AIRCRAFT HANGARS, SCHOOLS, 18TRESAUNDERS ARTICLE IV SHARES The number of shares of stock is: 10,000 505 5 Conp. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: R BARRY STEM PRESIAENT
Name and Title: 470 SE 12325T. RA. Address: Address OCALA, FL 34480 VICE PRESIDENT Name and Title: MARK HUNTER WITT Name and Title: GS60 SW 45 LANE Address: Address MIAMI FL 33155 Name and Title:_____ Name and Title:____ Address Address:

| Name and Title: | Name and Title: |
|--|--|
| Address | Address: |
| | |
| | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Be | |
| Name: R BARRY | STEM |
| Address: 470 SE 123 | STEM STREET ROAD |
| OCALA, FC | 34480 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Name: RARRY | STEM |
| Address: 470 SE 1 | 23° STREET ROAD |
| OCALA 1 | FC 34480 |
| | cept service of process for the above stated corporation at the place designated in the appointment as registered agent and agree to act in this capacity |
| | 4/20/15 |
| Required Signature | |
| I submit this document and affirm that the fo | acts- stated-k erein are true. I am aware that the false information submitted in a less a third degree felony as provided for in s.817.155, F.S. |
| | 4/20/15 |
| Required Signatur | re/Incorporator Date |
| | |

15 APR 22 PH 4: 05

SECRETARY OF STATE

ALLIANS SEE FERSON