P500040086

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

Office Use Only



500271348525

05/05/15--01029--007 **87.50

TO ACKHOWLEDGE

15 MAY -5 PH 12: 3

15 KAY -5 PH 12: 42



MD KK

COVER LETTER

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

SUBJECT:	Ver Contraction	Inc.	
	/(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:	Michael L. Name 2772 Eastuic	, , , ,	
	,	1001003	
	Tallahasse Fo	∠. <u>3</u> ≪309 State & Zip	•
	850 - 567 - 3 Daytime T		
	Mike Culvey 6 Ya E-mail address: (10 be use	hoo - com d for future annual report	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)

	VCIPAL OFFICE Principal street address		ess, if different is:	
172 Eas Nghassee	FL 32309		SAME	
ICLE III PUR urpose for which the	POSE ne corporation is organized is:	Construction		
ICLE IV SHA	RES stock is: 100			
umber of shares of ICLE V INT Name and Title	stock is: 100 MILL OFFICERS AND/OR DIT MICHAEL CULVEY	- Pres. Name and Title:		
umber of shares of ICLE V INT Name and Title	stock is: //O	- Pres. Name and Title:		
umber of shares of ICLE V INIT Name and Title Address	stock is: 100 FIAL OFFICERS AND/OR DE Michael Culvey 2772 Egstview Tallahassee FL	- Pres. Name and Title:		
umber of shares of ICLE V INIT Name and Title Address	stock is: 100 FIAL OFFICERS AND/OR DE Michael Culvey 2772 Egstview Tallahassee FL	- Pres. Name and Title:		
Name and Title Address Address	Stock is: 100 TIAL OFFICERS AND/OR DIS TICHAEL CULVEY 2772 Egstview Tallahassee FL	- Pres. Name and Title:		

Name and Title:	Name and Title:	
Address	Address:	
Name: Michae	DAGENT ress (P.O. Box NOT acceptable) of the registered agent Culvey EGStview Ln	t is:
Tallahas ARTICLE VII INCORPORA	see FL 32309	-5 PH Z:1
The name and address of the Inco	rporator is:	登 顺
Name: Mic	hael Culvey	
	ossie FL 32309	
this certificate, I am familiar with	agent to accept service of process for the above state and accept the appointment as registered agent and a	ed corporation at the place designated in gree to act in this capacity
Requip	d Signature/Registered Agent	Date
I submit this document and affire	m that the facts stated herein are true. I am aware that constitutes a third degree felony as provided for in	hat the false information submitted in a s.817.155, F.S.
Requ	red Signature/Incorporator	Date