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Florida Department of State
Division of Corporations
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TO:
        Division of Corporations
        Fax Number     : (850)617-6381

From:

        Account Name   : LAZARUS CORPORATE FILING SERVICE, INC.
        Account Number : I20000000019
        Phone          : (305)552-5973
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```

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
C&B PLASTERING, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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

ARTICLE I   NAME: The name of the corporation is:

C & B Plastering, Inc

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

7291 NW 174 Terr #101

Miami, Fl 33015

ARTICLE III   SHARES: The number of shares of stock is: _____ 100 .

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Michael Sanchez (President)

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Michael Sanchez
7291 NW 174 Terr. #101
Miami FL 33015

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Michael Sanchez
7291 NW 174 Terr. #101
Miami FL 33015

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Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____   7-13-15
          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.

_____   07-13-15
          Incorporator   Date

FILED
15 JUL 13 AM 8: 18
SECRETARY OF STATE
TALLAHASSEE FLORIDA