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(Re	equestor's Name)				
(Address)					
(Ar	ldress)				
(,					
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
		_			
(Bı	usiness Entity Name))			
(Do	ocument Number)				
Certified Copies	Certificates of	f Status			
Special Instructions to	Filing Officer:				

Office Use Only



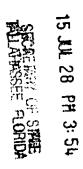
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15 JUL 28 PM 3: 1, 1

FOR ACKNOWLEDGE
SUFFICIENCY OF FILENCE

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SECRETARY OF SIMPE FALLAMASSEE, FLORIDA

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

SUBJECT: How	AND CONCRETE CONS	tinc.	
	(PROPOSED CORPORA	TTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
rining ree	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	John E, Hour	e (Printed or typed)	
	1262 Lescut in	Address	
	Orlando, Fl	, 308 11 , State & Zip	
	321-201-88	19 Telephone number	

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

E-mail address: (to be used for future annual report notification)

I have no intentions of Revolving the dissolution; therefor I am releasing the name for use to Another entity.

John C. Honard





ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 15 JUL 28 PF 3: 55

ARTICLE I NAME The name of the corporati	on shall be: howard	concrete const	ive	SECRETARY OF SPICE
	IPAL OFFICE Principal street address		Mailing add	FILAHASSEE FLORIDA dress, if different is:
John E. L. 5262 Lesces	orcand	3.28/1		
ARTICLE III PURPO The purpose for which the	<u>SE</u> e corporation is organized is	Fondation	CMSH	rate stata
* SideWALK	s, parking l	ot, curbs	And	MASONARY
		 ,	itle:	
	Orlando, FL.			
Name and Title:	Rushow J. Howa	V.P. Name and T	itle:	
. Address	5262 Lescot/in Trallahassee, Orlando, FL.	FL.		
Name and Title		Name and T	itle:	
Address		Address:		
				



15 班 28 門 3:55 Name and Title: Address Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: IN F. Howard - President Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John E. Howard - President Name: Address: Odmolo, FL. 33811 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 Required Signature/Registered Agent 87-28-201S 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. 67-28-2015