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15 SEP -2 PH 1: 41

SEGNATION OF STATE



## COVER LETTER

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

SUBJECT: DAG CONCrete Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 \$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status DPY REOUIREI	of			
FROM: David A. Geren Jr. Name (Printed or typed)						
15899 River Cree	K C + ddress					
Alva, FL 33920 Gity, State & Zip						
(239) 229-7079  Daytime Telephone number			EP -2			
dagir 810 @ amail.com						

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations ACCENTED SEP 2 2005

August 21, 2015

DAVID A. GEREN JR. 15899 RIVER CREEK CT ALVA, FL 33920

SUBJECT: DAG CONCRETE INC. Ref. Number: W15000056054

We have received your document for DAG CONCRETE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 215A00017763

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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	on shall be: DAG CONCre	e Inc.	FILED
	PAL OFFICE Principal street address	N	15 SEP -2 PH 1: 4  failing address, if different is: 5 STATE
15899 River	r Creek Ct. L 33920		THE COMINA
ARTICLE III PURPOS	SE e corporation is organized is:	e establ	lished as a
	oncrete Company,	i ,	
<u></u>			
	OFFICERS AND/OR DIRECTORS		
Name and Title:		_ Name and Title:	
Address _	(President) 15899 River Creek CH Alva, FL 33920	_ Address:	
Name and Title:_		_ Name and Title:	
Address _		_ Address: _	
-			
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. Box NOT acceptable) of	the registered agent as:				
Name: Cora Geren	,				
Address: 15899 RIVERCYEEK	+				
Alva FL 33920	10 <b>3</b>				
111/00   150	SP T				
ARTICLE VII INCORPORATOR	#\$ · [				
The name and address of the Incorporator is:	PE D				
Name: David A Geren Tr.	## ## ## ## ## ## ## ## ## ## ## ## ##				
Address: 15899 RIVER Creek C+					
Alva F1 3392()					
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)				
(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.					
	A contract of the second of th				
Having been named as registered agent to accept service of process, this certificate, I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated the stered agent and agree to act in this capacity				
Required Signature/Registered Agent	918115				
Required Signature/Registered Agent	Duje				
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.				
Required Signature Incorporator	9/8/15				
Required Signature/Incorporator	/ Date				

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