

From:

Division of Corporations

09

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**P15000075265**

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*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  
ICA BROTHERS INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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S. GILBERT

9/16/2015

From:

09/16/2015 11:15

#035 P.002/003

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: ICA BROTHERS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5002 MILLSTREAM RD.

OCEB, FL 34761

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSTRUCTION

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MELISSA SINGH, PRESIDENT

Address: 5002 MILLSTREAM RD.

OCEB, FL 34761

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

From:

09/16/2015 11:15

#035 P.003/003

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 is:

Name: MELISSA SINGH  
Address: 5002 MILLSTREAM RD.  
OCEE, FL 34761

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MELISSA SINGH  
Address: 5002 MILLSTREAM RD  
OCEE, FL 34761

**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.

*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*

Melissa Singh  
Required Signature/Registered Agent

9/14/2015  
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.*

Melissa Singh  
Required Signature/Incorporator

9/14/2015  
Date