## P15000080522

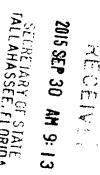
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
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Office Use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



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## **COVER LETTER**

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

SUBJECT:	AZZ GONSTRUCT	TON PANTESTS OF	FURIDA INC.			
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCLI</u>	JDE SUFFIXY			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM: JAMES D. BROOME  Name (Printed or typed)						
358 PERSIMMON RO.						
Sop Hoppy FL. 32358 City, State & Zip						
850) 841 - 90 58  Baytime Telephone number						
EMOURBJ WARDO COM E-mail address: (to be used 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)

The name of the cor	NAME poration shall be: AZZ CONSTRUC	TION PROJECTS OF PLANTY, INC.	
	<b>PRINCIPAL OFFICE</b> Principal <u>street</u> address	Mailing address, if different is:	
358 M	RETMMON RO.		
Sof EHR	My, FL. 32358		
ARTICLE III F	PURPOSE ich the corporation is organized is:		
		ORC IN All PONTAUCTION OPOTET AR	45
INDERNING	Custours Colordenan	OFFICE GARATIONS + OVER ALL	· · · ·
On To	11 10 love for the state of	2-T 11	
PROVECT EC	MEDILINE/OVERSIGHT, FR	00 SIARI 10 MISTI	
			<del>.</del>
		·	
ARTICLE IV	SHARES		
The number of share			
ADTICLE U	INTELL OFFICERS AND OF DESCRIP	one.	
	INITIAL OFFICERS AND/OR DIRECT	<del></del>	
	Title: JAMES D. BROOME, ADEI DEG		
Address	358 ASSIMMON RD,	Address:	
	SOP CHOPPY, Pt. 38359		
X1	Y.1	N 4 TV-0	
Name and I		Name and Title:	<u> </u>
Address		Address:	
Name and T	'itle:	Name and Title:	
Address		Address:	
	- ::		_

Name and Title:		Name and Title:
Address		Address:
	TERED AGENT t address (P.O. Box NOT acceptable) of t	the registered agent is:
Name: JAMES	D. BROOME	·
Address: 358 F	BERSIMMEN RO.	
Sop CH	bppy, Fh. 39358	
ARTICLE VII INCORE	<u>PORATOR</u>	
he name and address of the	e Incorporator is:	
Name: JAMES	D. BROOME	
Address: 358	PERSIMMEN AD.	
Sop.	Oloppy, PL. 32358	
		for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Gun D Browne cquired Signature/Registered Agent	09-30-15'
R	equired Signature/Registered Agent	Date
	affirm that the facts stated herein are to of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	Required Signature/Incorporator	09-30-15
	Required Signature/Incorporator	Date