P1500094935

| (Requestor's Name) | | |
|---|--------------------|-------------|
| (Address) | | |
| (Address) | | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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| | | |
| | | |

Office Use Only



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15 NOV 12 PN 2: 44

11/25/15

COVER LETTER

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

| SUBJECT: | PAVER CREW INC. | | 1101-24 11-11-1 | _ |
|--|--|---|--|---|
| | (PROPOSED CORPORA | IE NAME - <u>Most incl</u> | DDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the arti- | cles of incorporation and | l a check for: | |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| | | | | |
| FROM: | PAVER CREW INC Name | (Printed or typed) | | |
| _ | 1777 EXECUTIVE ROAD | | | |
| - | A | ddress | हैं। इ | |
| WINTER HAVEN FL 33884 City, State & Zip | | | | |
| | • | state & Zip | 200 12 | П |
| *************************************** | 800-326-3814 Daytime Te | elephone number | | |
| | pavercrew@yahoo.com E-mail address: (to be used | for future annual report r | orification) | |

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)

| LILED | FI | L | E | D |
|-------|----|---|---|---|
|-------|----|---|---|---|

| ARTICLE 1 NAME The name of the comoration | shall be: PAVER CREW INC | | 15 NOV 12 PH 2: 41 |
|---|--|-------------------|--------------------------------------|
| ARTICLE II PRINCIP | AL OFFICE incipal <u>street</u> address | Mailing | address, if different is: 5, FLORIDA |
| 1777 EXECUTIVE RO | AD | sa | ime |
| WINTER HAVEN FL | 33884 | | |
| ARTICLE III PURPOSI The purpose for which the | ¿ corporation is organized is: | | |
| INSTALL INT | ERLOCKING UNIT PAVER ON PA | TIOS AND DRIVEWAY | S |
| | | | |
| | | | |
| | | | |
| | OFFICERS AND/OR DIRECTORS | | |
| | STEPHEN MUELLER / PRES | | |
| Address | 1322 N LAKE OTIS DR SE WINTER HAVEN FL 33880 | Address: | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name and Title | | | |
| | | | |
| | | | |
| | | | |

| Name and | Title: | Name and Title: |
|--|---|--|
| Address | | Address: |
| | | |
| | | |
| | EGISTERED AGENT rida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | STEPHEN MUELLER | _ |
| Address: | 1777 EXECUTIVE RD | |
| | WINTER HAVEN FL 33884 | |
| <u>ARTICLE VII I</u> | NCORPORATOR | FILED MOV 12 PH 2: 44 RETARY OF STATE MILESSEE, FLORIDA |
| The name and add | iress of the Incorporator is: | 100 M |
| Name: | STEPHEN MUELLER | - 10 August 10 A |
| Address: | 1777 EXECUTIVE RD | |
| | WINTER HAVEN FL 33884 | |
| Effective date, if of (If an effective date) days after the fillion Note: If the date is | ng.) | tot be more than five business days prior or 90 business te statutory filing requirements, this date will not be listed as |
| | ed as registered agent to accept service of proce on familiar with and accept the appointment as r | ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity 10/1/2015 |
| | Required Signature/Registered Agent | Date |
| | ment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo | e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S. |
| | Diple heth | 10 / 1/ 2015 |
| Require | ed Signature/Incorporator | Date |

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