P16000013356

(Requestor's Name)					
(Address)					
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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SECHETARY OF STATE

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COVER LETTER

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

SUBJECT: CIA	BUILDERS / ROOFERS INC			
50B6EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of	
	ADDITIONAL COPY REQU		PPY REQUIRED	
FROM:	CHARLES C MCCANN Name (Printed or typed)			
1	11375 68 AVE N			
	Address			
S	SEMINOLE FL 33772			
City, State & Zip				
7	737-395-0406			
 -	Daytime Telephone number			
N	MISSRITA1121@YAHOO.COM			
_	E-mail address: (to be used	for future annual report	notification)	

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



January 20, 2016

CHARLES C MCCANN 11375 68 AVE N SEMINOLE, FL 33772

SUBJECT: CIA BUILDERS/ROOFERS

Ref. Number: W16000003886

We have received your document for CIA BUILDERS/ROOFERS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 916A00001293



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profile FEB -8 AM 10: 24)

EMINOLE FL 33772 RTICLE III PURPOSE THE PURPOSE for which the co	rporation is organized is: 100 is:	SECRETARY OF STATITALLAHASSEE. FLORING Mailing address, if different is: CTION
275 68 AVE N EMINOLE FL 33772 ETICLE III PURPOSE TO purpose for which the co ETICLE IV SHARES TO number of shares of stock ETICLE V INITIAL OF	rporation is organized is: CONSTRU	CTION
EMINOLE FL 33772 ETICLE III PURPOSE e purpose for which the co ETICLE IV SHARES e number of shares of stock	is:	
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RTICLE IV SHARES ne number of shares of stock RTICLE V INITIAL OF	is:	
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e number of shares of stock	is:	
e number of shares of stock	is:	
e number of shares of stock	is:	
ne number of shares of stock	is:	
Name and Title: CH.	ARLES C MCCANN PRESIDENT	Name and Title:
Address 113°	75 68 AVE N	
	MINOLE FL 33772	
		
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:



Name a	nd Title:	Name and Title:	16 FEB -8 AM 10: 28
Addre			SECRETARY OF STATE FLORIDA
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	CHARLES C MCCANN	distribution and registered agent is.	
Address:	11375 68 AVE N SEMINOLE	·	
, , , , , , , , , , , , , , , , , , , ,	FL 33772		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		
Name:	CHARLES C MCCANN		
Address:	11375 68 AVE N		
	SEMINOLE FL 33772		
<u>ARTICLE VIII</u> Effective date, i	EFFECTIVE DATE: f other than the date of filing:	. (OPTION.	AL)
	date is listed, the date must be specific and		
Note: If the date the document's	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirem cords.	ents, this date will not be listed as
Having been na this certificate, i	nmed as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated cor at as registered agent and agree	poration at the place designated in to act in this capacity
Charles	Required Signature/Registered Age		1/3/2016
	Required Signature/Registered Age	ent	Date
I submit this do document to the	ocument and affirm that the facts stated here Department of State constitutes a third degre	ein are true. I am aware that the ee felony as provided for in s.81	ne false information submitted in a 7.155, F.S.
Chorles	@ Mc Cann uired Signature/Incorporator		1/3/2016
Requ	uired Signature/Incorporator		Date