

lorida Department et S

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000040949 3)))



H160000409493ADC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019

Fax Number

: (305)552~5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION CASS PROJECT MANAGEMENT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

Feb 16 16 05:35p

A & E WORK GROUP INC.

954-435-6616

#4991 P.002/003 jr.m. p.2

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Proffs) 16 FEB 17 FIM

16 FEB 17 M 12: 28

ARTICLE I NAME: The name of the corporation is:	SECRETARY OF LALL AND LOSE.	STATE AGROJE
Cass Project Hanagement	INC	
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and malling address is:		
Pembroka Ries, FL 33024	_	
ARTICLE III SHARES: The number of shares of stock is: /00		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Don Koggie Sichait - P		
Robert Cassanova - VY		
		•
ARTICLE V DITTIAL REGISTERED AGENT AND STREET ADD	RESS:	
The name and Florida street address (PO Box not acceptable) of the registered	agent is:	
Don Koppie Sichait		
8511 NW 16 51		
tembroke Mnes +1 33024		
ARTICLE VI INCORPORATOR: The name and address of the Incorp	orator is:	
ARTICLE VI INCORPORATOR: The name and address of the Incorp	orator is:	
	orator is:	

Feb 16 16 05:36p

A & E WORK GROUP INC.

954-435-6616

#4991 P.003/003

H16000040949

Required Signatures:

	n at the place des	ignated in this cer	ept service of proces tificate, I = 10 familia	r with and accept th
	appointment as a	registered agent ar	ed agree to act in this	capacity
	(Mala		
_	Re	ssered Agent		Date
		,		
I submit this	document and a	ffirm that the fact	stated herein are tr	ue. I am aware that
			to the Department o	f State constitutes a
third degree	felony as provid	ed for in s.817.155,	F.S.	
	(MX	Stal	•	
_		Accorporator		Date

H16000040949