P16000017031

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

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: Christia	n Construction Services Inc.		
50000011	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL COPY RE		DPY REQUIRED
FROM:	gal Currier Nam	e (Printed or typed)	
503	E. Jackson Street, Suite 320		
		Address	
Tan	npa, Florida 33602		
	City	, State & Zip	
(23	9) 595-5050		
	Daytime T	Celephone number	
teur	rier@ccs-net.org		
	E-mail address: (to be use	d for future annual report	notification)

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

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

he name of the corpora			
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing addre	ess, if different is:
03 E. Jackson Street			
Suite 320			
Tampa, Florida 33602			
RTICLE III PURPO			// 16 FE
	ssional construction management se		_ (53
			<u> </u>
			1,
			ن نا نا
			<u></u>
	Stock is: L. OFFICERS AND/OR DIRECTO Gildal Currier - President		
rvame and tme:_	2422 Cochran Street	Name and Title:	
Address		Address:	
	Blue Island, IL 60406		<u>.</u>
Name and Title:		Name and Title:	
Address		A 4 4	
Address		Address.	
			· · · · · · · · · · · · · · · · · · ·
			·
Name and Title:		Name and Title:	
Address		Address:	
		······	

Name a	nd Title:	Name and Title:	
Addres		Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Gilgal Currier		·: 5
Address:	503 E. Jackson Street, Suite 320		m m
71001033	Tampa, Florida 33602		্র ড
APTICI F VII	INCORPORATOR		3 3 3
			, -
The name and a	address of the Incorporator is: Gilgal Currier		ු න
Name:			
Address:	2422 Cochran Street		
	Blue Island, IL 60406		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cafiling.)	(OPTIONAL) nnot be more than five business o	lays prior or 90 business
	te inserted in this block does not meet the applicate ffective date on the Department of State's record		nis date will not be listed as
Having been na this certificate, i	med as registered agent to accept service of pro I am familiar with and accept the appointment a	cess for the above stated corporations seemed agent and agree to act i	n this capacity
	Required Signature/Registered Agent		2/10/2016 Date
I submit this do document to the	ocument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false	e information submitted in a F.S.
		<u> </u>	2/10/2016 Date
Requ	Direct Signature-incorporator		Late

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