03/09/2016 16:27

# 60000021963 3052201440

PAGE 01/03

### Florida Department of State

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.

(((H16000061412 3)))



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.

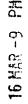
Account Number : I20000000019

Phone 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.\*\*

#### FLORIDA PROFIT/NON PROFIT CORPORATION GENERAL CONTRACTOR CONSULTING CORP.

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



3052201440

## H16000061412

# ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

TOX 1D: 27 - 5106845
ARTICLE 1 NAME: The name of the corporation is:

General Contra	ctor	consu	Iting	corp.
ARTICLE II 1			•	
The principal street ad	dress and mail	ng address is:		
10790 SW 1	88 St			
Minni Fl-	33151	9-		
		<u>.</u>	·	
ARTICLE III SHARES: The numb	er of shares of	stock is: 100	)	.•
ARTICLE IV INITIAL D	IRECTORS A	ND/OR OFFIC	FRS:	
David Port		P )	<del>™</del> ⊼s	ზ ლებ
		· /	E C	
	<del></del>		53.5	J. Sagar
	<del></del>		- inc	P (1)
	<u></u>			
				72
				•
ARTICLE V INITIAL REGISTI	ያ የውድስ ልረታ የሚ	ስለጠነ ፍጥወውድጥ	ADDRESS.	
The name and Florida street address (Po				:
	-tal	,		
10790	SW	ଓଡ଼ା	5+	
Miami F		33158		
ARTICLE VI INCORPORATOR		daddress of the In	ncorporator is:	
	<u>rtal</u>			
10790 81	<u> </u>	188	<u>+8</u>	
Migmi Fl	- 331	<u>58</u>		

H16000061412

#### Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator

Date

SECRETAIN) IN SOME