P16000057200

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone	#)		
PICK-UP WAIT	MAIL		
(Business Entity Nam	ne)		
(Document Number)			
Certified Copies Certificates	of Status		
Special Instructions to Filing Officer.			
	<u> </u>		

Office Use Only



900287603549



07/12/16--01014--017 **78.75



Im Robersing S. Smith Contracting 1. P14000047604 I will Reinstoke that Number P14000047604

He A. Suth

07/12/2016

COVER LETTER

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

SUBJECT:	Shift Contra	CTING INC.	UDE SUFFIX)
Enclosed are an orig	inal 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	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	Howang, H. 3 City	Recry Rd. Address Address Telephone number	
	E-mail address: (to be us	ed for future annual report	notification)

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)

ARTICLE I NAME The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	J
Principal street address	Mailing address, if different is:
6525 Fortr Bank Derry Rd.	Same.
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
with J. Smith Contracting In	C ,
	5 0
ARTICLE IV SHARES The number of shares of stock is: 1	1.
	25
Name and Title: Soc A. Sunthan Projections	Just and Titie President
Address 6525 Foli Bank	Femy Rd.
Harana, Fl. 32333	CEO
Name and Title: Gabriel H. Smith	Name and Title: Vice President
Address 6525 Foir Bank Ferry Re	Address:
Havana Ela 8233]	
J 0 01 No	
1 1 2 7 8 1 7	Name and Titles
Address 6525 Fair Book ferry	Address: Operations
Ko: Howard 1 E(.SC)	CEO

Alold Suffer - 107
Name and Title: Alcord Lashawa Name and Title: 1895 Vay / Finance
Address 6525 Parts Baktery Kaddress:
Havana, M. 32533 C. E.O.
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Name: JOE H. Jan M.
Address: 6525 Par Sank fenz Kol.
Horam 17a. SESSI
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Soe A Smill
Address: 6525 Fato Bank Fern Rd.
Harris Par 3527
tuncos ja visi sessi
ARTICLE VIII EFFECTIVE DATE:
Effective date, if other than the date of filing:
days after the filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I om familiar with and accept the appointment as registered agent and agree to act in this capacity
6091 Doubles 07/1/2016
Required Signature/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 Stage Constitutes a third degree felony as provided for in s.817.155, F.S.
The state of the state of sample of sample of the state o
Required Signature/Incorporator Date