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(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

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

SUBJECT: PAUL	BREWER MASONRY CORP.				
SUBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and 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 Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	UL BREWER Nam 6 SUNSET DR.	e (Printed or typed)			
		Address			
LO	NGWOOD FL 32750				
	City	, State & Zip			
407	7-618-9162				
	Daytime 1	Telephone number			
KE	LVIN@KCCONSTRUCTIONFL.CO	ОМ			
	E-mail address: (to be use	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)

The name of the corpora		NRY CORP		
ARTICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address	Mailing address	, if different is:	
1716 SUNSET DR.				
LONGWOOD FL 327	50			
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:			
			gundin -	/_维
			د الواسد د	Entr Cur
			<u> </u>	· . }
			2 2 7	्री जिल्ला जिल्ला
ARTICLE V INITL Name and Titl	AL OFFICERS AND/OR DIRECTOR PAUL BREWER PRESIDENT e:	<u>\$</u> Name and Title:		
Address	1716 SUNSET DR.			
	LONGWOOD FL 32750			
Name and Title	:	Name and Title:		
Address				
Name and Title		Name and Title:		
Address		Address:		

Name a	and Title:	Name and Title:
Address		
	REGISTERED AGENT	
he <u>name and</u>	Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:
Name:	PAUL BREWER	
Address:	1716 SUNSET DR.	
	LONGWOOD FL 32750	
		<u></u>
ARTICLE VII	INCORPORATOR	
The name of the	addings of the Incomments in	
The <u>name and</u>	address of the Incorporator is: PAUL BREWER	y 🥱
Name:	FAUL BREWER	
Address:	1716 SUNSET DR.	91 72: 50 12: 50
	LONGWOOD FL 32750	
Effective date, i		. (OPTIONAL) and cannot be more than five business days prior or 90 business
Note: If the dathe document's	te inserted in this block does not meet the effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as s records.
	Lam familiar with and accept the appoint	of process for the above stated corporation at the place designated in the registered agent and agree to act in this capacity
	Required Signature/Registered	Agent
		herein are true. I am aware that the false information submitted in
aocument to the	e Department of State constitutes or hird d	egree felony as provided for in s.817.155, F.S.
Requ	uired Signature/Incorporator	Date

A Company