P16000064672

To: Sunbiz EFax Page 2 of 7

2Q16-08-05 18:47:30 (GMT)

From: Licenses Etc.

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.

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To :

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LICENSES ETC INC

Account Number : 120070000159

Phone : (239)777-1028

Fax Number

: (877)275-3593

A. DUNLAP

AUG = 8 2016

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

Email Address: ETC@LICENSESETC.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Monette Construction, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$87.50

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Florida Department of State
Division of Corporations, Corporate Filings
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this letter as authorization for the business name <u>Monette Construction</u>, <u>Inc.</u> to be released to myself. On 09/25/2015, this company was administratively dissolved for failure to file a 2015 Annual Report. The cost(s) we would incur to reinstate the company with Document # P14000059882 would be more expensive than starting a new company with the same name. We understand that a new FEIN will need to be applied for.

This should be everything that you will need in order to successfully release the name for my use. If you have any additional questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your understanding,

Alan Monette

From: Licenses Etc.

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COVER LETTER

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

	Monette Construction	on, Inc.			
SUBJECT:	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$3 \$87.50 Filing Fee, Certified Copy & Certificate o Status		
		ADDITIONAL CO	JPY REQUIRED		
FROM: L	isa Adams	· (Podented on the all			
81	86 110th Ave. N., Suit				
_		Address t.			
	Taples, FL 34108	, State & Zip			
_(2	239) 777-1028				
	Daytime : etc@licensesetc.com	Telephone number			
	E-mail address: (to be use	ed for future annual report	notification)		

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

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

<u>TICLE II PRINCI</u> 1	PAL OFFICE Tincipal street address	Mailing	Mailing address, if different is:	
99 E. Sheridar	1 St., Unit #407	399 E, Sho	eridan St., Unit #40	
<u> Dania Beach, I</u>	nia Beach, FL 33004		Dania Beach, FL 33004	
PTICLE III PURPOS o purpose for which the	SE corporation is organized is: Any an	d all lawful bus	iness.	
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286 A. W. W. F	~		:	
CIICLE IV SHARE: e number of shures of si		······································	: :	
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e number of shares of st ETICLE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS Lise M. Engebretsen; President 399 E. Sheridan St., Unit #407 Dania Beach, FL 33004	Address:	57	
e number of shares of st ETICLE V INITIAL Name and Title: Address	Denick is: 1000 OFFICERS AND/OR DIRECTORS Lise M. Engebretsen; President 399 E. Sheridan St., Unit #407 Dania Beach, FL 33004	Address:	57	
e number of shares of startes of	OFFICERS AND/OR DIRECTORS Lise M. Engebretsen; President 399 E. Sheridan St., Unit #407 Dania Beach, FL 33004	Address:	57	
Name and Title: Address Address	Dania Beach, FL 33004	Address: Name and Title: Address:		
Name and Title: Address Address	OFFICERS AND/OR DIRECTORS Lise M. Engebretsen; President 399 E. Sheridan St., Unit #407 Dania Beach, FL 33004	Address: Name and Title: Address:		

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Numen	nd Title:	Name and Title:	
Addres		Address:	
			
			
	REGISTERED AGENT		
he <u>name and F</u>	Inrida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Vame:	Alan D. Monette		
Address:	399 E. Sheridan St., Unit #407	· 	7 806
	Dania Beach, FL 33004	* 64	
RTICLE VII	INCORPORATOR		
he <u>name and n</u>	ddress of the Incorporator is:		<u>ئىسى</u> ئۇي يۇ
Name:	Alan D. Monette	÷. 	크레 없
Address:	399 E. Sheridan St., Unit #407	_	•
	Danis Beach, FL 33004	- <u>-</u>	
	EFFECTIVE DATE:	(OPPIONA	
iffective date, if If an effective lays after the f	f other than the date of filing: date is listed, the date must be specific and cam iting t	of he more than five busin	ness days prior or 90 business
Note: If the dat	o inserted in this block does not meet the applicable		nts, this date will not be listed as
he document's	effective date on the Department of State's records	:	
Iaving been na his certificate, l	med as registered agent to accept service of proce am familiar with end aftept the appointment us r	ss for the above stated corp egistered agent and agree to	oration at the place designated in act in this capacity
-			7/27/2016
	Required Signature/Registered Ascut.		Date
submit this do	cument and affirm that the facts stated herein a	e true. I am aware that the	false information submitted in a
locument to the	Department of State constitutes a third degree fel	ony as provided for in \$.817.	155, F.S.
			7/27/2016
Regi	nired Signature/Incorporator		Date

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To Whom It May Concern:

Tallahassee, FL 32314

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Thank you for your understanding,

Alan Monette

ATTN: Jessica