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SECRETARY STORES

COVER LETTER

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

SUBJECT: RICHA	RD A HAMANN JR DEMOLITIO	N & BOBÇAT SERVICES, I	NC.
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	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
	en breezeken the	ADDITIONAL CO	Status PV REQUIRED
EDOM.	RICHARD		. Cetto an initia
FROM:	Nam	e (Printed or typed)	
	-515 N	24TH AVE	
		Address	
	HOLLYWO	OOD, FLORIDA 33020	
 -	City	, State & Zip	
	95	4 629 5949	
	Daytime 1	Telephone number	
•	bobcatha	mann@gmail.com	
•	E-mail address: (to be used 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 corporat	ion shall be:	I JR DEMOLITION &	BOBCAT SERVICES, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address 515 N 24TH AVE			Mailing address, if different is:
HOLLYWOOD			
FLORIDA 33020			
ARTICLE III PURPO The purpose for which the	DSE ANY he corporation is organized is:	AND ALL LAWFUL B	USINESS
			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			AH 9: 02
The number of shares of ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR	- IDFN1	KENNETH HAMANN SR, VP
Address	515 N 24TH AVE	Name and Title Address:	8641 SW 22ND CT
	HOLLYWOOD		DAVIE
	FLORIDA 33020		FLORIDA 33324
Name and Title:		Name and Title	:
Address		Address:	<u>,</u>
Name and Title:		Name and Title	:
Address		Address:	

Name a	nd Title:	Name and Title:
Addres	SS	Address:
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT acceptable) of RICHARD A HAMANN JR	the registered agent is:
Address:	515 N 24TH AVE	
	HOLLYWOOD, FLORIDA 33020	•
ARTICLE VII	INCORPORATOR	2016 OCT -7 BECKE MAR
The name and a	address of the Incorporator is:	ASS.
Name:	PROFESSIONAL TAX & BOOKKEEPING S	in the second se
Address:	2511 DAVIE BLVD	AM 9: 03
	FT. LAUDERDALE, FL. 33312	<u> </u>
Effective date, in (If an effective days after the f	īling.)	(OPTIONAL) t be more than five business days prior or 90 business statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated istered agent and agree to act in this capacity 10/3/2015
	Required Signature/Registered Agent	Date
v I submit this do document toxhe	cument and affirm that the facts stated herein are to exempt and formal properties are constitutes a third degree felong	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
	De S	10/3/2015
Requ	uired Signature/Incorporator	Date