96000085889

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Codified Coning					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

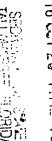
Office Use Only

OCT 2 6 2016

T. SCOTT

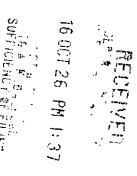


200291654772





200291654772 10/26/16--01009--011 **70.00



COVER LETTER

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

SUBJECT:	ONSTRUCT	ION INC.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	da check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	CODY HAWKIN		
<u>//</u>	PEDBUB LAWE	Address	
•	RAWFORDVILLE FL City		
	950 964 0 Daytime 1	53 Q Telephone number	
	É-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 corporation shall be: LODYS Co	ONSTRUCTION IN C.
ARTICLE II PRINCIPAL OFFICE Principal street address LANE	Mailing address, if different is:
CRAINFORDVILLE FL	
32327	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Construction
	2 72 75 1
ARTICLE IV SHARES	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECT Name and Title: KENTON FARTS	TORS DIRECTOR Name and Title:
	TENESSE EAddress:
TALLAHASSE FL	
3030 Manual (2000 HANKEN)	OFFIER Name and Title:
_	Address:
(RAWFORDTUE F) 3	<i>8367</i>
Name and Title:	Name and Title:
Address	Address:

Name and	Title:	Name and Title:	
Address		Address:	
		<u></u>	
	••		
ARTICLE VI R	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acc		
Name:	CODY HAWKINS	 	
Address:	16 PED BUN LAME		•
	CRANFORDVICE FL 3	3327	
	,		
ARTICLE VII I	NCORPORATOR		
The name and add	<u>Iress</u> of the Incorporator is:		
Name:	CODY HAWKENS	 	
Address:	16 RED BUD LANE		
	CRAWFORDVILLE FL		
ARTICLE VIII Effective date if o	EFFECTIVE DATE: 10 2	6 1/- OPTION	VAL)
(If an effective da	ite is listed, the date must be specific a	and cannot be more than five bu	siness days prior or 90 business
days after the fili			
	inserted in this block does not meet the a fective date on the Department of State'		nents, this date will not be listed as
	ed as registered agent to accept service m familiar with and accept the appoint		
contra la	. reference		10-21-11
<u> </u>	Required Signature/Registered	Agent	10 - 24 -/4 Date
	iment and affirm that the facts stated i		
	Department of State constitutes a third d	egree Jeiony as provided for in s.8.	
Cook f/	ed Signature/Incorporator		10-26-16 Date
rregun		•	2.3.0