



Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

October 24, 2016

To Whom it May Concern,

This serves to confirm that I Kristin Klinka have no intentions of reinstating the dissolved entity of Constructive Companies Inc under Document Number P15000022771.

Thank you,



Kristin Klinka  
President  
Po Box 982 Oakland Florida 34760  
407-468-7304

2016 OCT 27 AM 9:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

**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: Constructive Companies Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1350 sheeler avenue apopka florida 32703

po box 982 oakland FLorida 34760

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General Services

2015 OCT 27 AM 9:01  
STATE OF FLORIDA  
SECRETARY OF STATE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kristin Klinka President

Name and Title: \_\_\_\_\_

Address po box 982 Oakland Florida 34760

Address: \_\_\_\_\_

Name and Title: Philip Johnson Secretary/Treasurer

Name and Title: \_\_\_\_\_

Address PO Box 982 Oakland FLorida 34760

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Kristin Klinka  
 Address: 1350 Sheeler Ave Apopka Fl 32703

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Kristin Klinka  
 Address: 1350 Sheeler Ave Apopka Fl 32703

RECEIVED  
 ALL INFORMATION  
 2016 OCT 27 AM 9:01  
 STATE OF FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

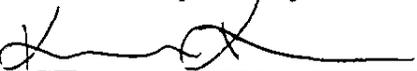
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

10.24.16  
 \_\_\_\_\_  
 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 State constitutes a third degree felony as provided for in s.817.155, F.S.**

  
 \_\_\_\_\_  
 Required Signature/Incorporator

10.24.16  
 \_\_\_\_\_  
 Date