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(Re	questor's Name)	
(Ad	ldress)	
(Äd	ldress)	
(Cit	ty/State/Zip/Phone	e #N
(Oil	tyrotaterziph non	5 11)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
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Cartifical Causian	Cartificate	a of Chahua
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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SECRETARY OF STATE

n 02/17/17

COVER LETTER

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

SUBJECT:/	AXIZ CONSTru	chla In TENAME-MUST INCLI	<u></u>		
	(PROPOSED CORPORA)	TE NAME – <u>MUST ÎNCLI</u>	JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	178.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Jestney A S	(Printed or typed)			
206 E renessee Ave					
	Seffrer, Fl.	33584 State & Zip			
	\$13 598 Daytime To	200 Selephone number			
	Jeffin youre E-mail address: (to be used	40 (A40)	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 si	hall be: Axis Cox	struction	Inc.		
ARTICLE II PRINCIPAI Princ	LOFFICE cipal street address	1	failing address, if different is:		
206 East T	ennessee Ave	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
ADTICLE III DURBOCE	rporation is organized is:		ng (Co)	paration	
				17 FE SEPRI	
				EB 16	
				E A	
ARTICLE IV SHARES The number of shares of stock	is: 1/20			I: 26 SIAIE ORIDA	
	FFICERS AND/OR DIRECTO	ORS			
Name and Title:	leffrey A. Su	Name and Title	· · · · · · · · · · · · · · · · · · ·	•	
Address	ob Fremesser Effra-1F1 3	e Ave Address:			
Name and Title:		Name and Title	:		
Address		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	f the registered agent is:	
Name: Teff rey A, Silliva	r the registered agent is.	
Address: 206 & Tennessee Ax		
Seffrey P1 33584	17 FE SEURE PALLAH	
ARTICLE VII INCORPORATOR	B 16 IASSI	É
The <u>name and address</u> of the Incorporator is:	AM II	E
Name: Jeffrey A. Sulliva	AM 11: 26 OF STATE OF LORID	
Address: 796 & Fennessee Au	L DA 66	
Seffrer, F133584	t	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and canno filing.)	(OPTIONAL) of the more than five days prior or 90 days after the	
<u>Note:</u> If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.		l as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as rej		ed in
	2/13/12	
Required Signature/Registered Agent	Date	
I submit this document and affirm that the facts stated herein are		l in a
document to the Department of State constitutes a third degree felor	ny as provided for in s.817.155, F.S.	
Required Signature/Incorporator		
	24.0	