

P18000075555

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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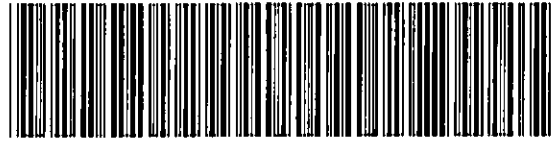
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

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## COVER LETTER

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

**SUBJECT:** AR Concrete, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** AR Concrete, Inc. Armando Sebastian Lopez  
Name (Printed or typed)

2444 Avalon Blvd.  
Address

Milton Florida, 32583  
City, State & Zip

252-670-7178  
Daytime Telephone number

rjaymax1@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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2016 SEP -7 PM 4:49  
TALLAHASSEE, FLORIDA

**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: AR Concrete, Inc.

**ARTICLE II PRINCIPAL**

**OFFICE**

Principal street address

Mailing address, if different is:

2444 Avalon Blvd.

PO Box 551284

Milton, Florida 32583

Jacksonville Florida, 32255

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To preform concrete services

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Armando Sebastian Lopez, Pres. Name and Title: \_\_\_\_\_

Address 2444 Avalon Blvd.

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

Milton Florida, 32583

Name and Title: Raymond Joseph Taylor Sec./Treas Name and Title: \_\_\_\_\_

Address 11 Plainview Crossing

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

Hattiesburg MS 39402

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

Address \_\_\_\_\_

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

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2018 SEP - 7 PM 4:42  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: Armando Sebastian Lopez  
Address: 2444 Avalon Blvd.  
Milton Florida, 32583

**ARTICLE VII INCORPORATOR**

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

Name: Armando Sebastian Lopez  
Address: 2444 Avalon Blvd.  
Milton Florida  
32583

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STATE  
OF FLORIDA  
ALLAHASSEE COUNTY

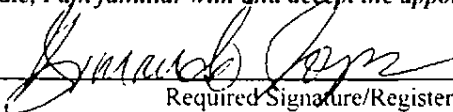
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/7/2018 (OPTIONAL)

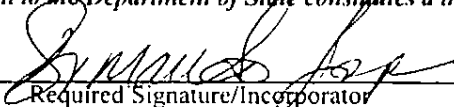
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 9/7/2018  
Required Signature/Registered Agent 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.*

 9/7/2018  
Required Signature/Incorporator Date