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2019 JUN 17 AH II: 46
SECRETARY OF STARE
MAIL LAHASSTY FROM STARE

10.则17 图 4:38

JUN 1 8 2019 K Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Priorie: 850-558-1500				
ACCOUNT NO. : I2000000195				
REFERENCE : 810803 8276631				
AUTHORIZATION: Sprets Renav				
COST LIMIT : \$70.00				
ORDER DATE : June 17, 2019				
ORDER TIME : 2:57 PM				
ORDER NO. : 810803-055				
CUSTOMER NO: 8276631				
DOMESTIC FILING				
NAME: JAY'S CONCRETE COMPANY				
EFFECTIVE DATE:				
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Roxanne Turner - EXT.				

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Jo	ONC PROPOSED CORPORA	DANU VIENAME- <u>MUSTINCI,</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
	.\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Kyle Bankston	e (Printed or typed)	
 ;	5401 S. Kirkin	nan Ko ste	310
<u>.</u>	Orlando, FL City,		
	321- 593-	9712	
· :	Daytime T	elephone number	
	E-mail address: (to be used	d for future annual report n	otification)

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 corpor	ation shall be: A	I's Concr	ete Coma	oan V		
ARTICLE II PRIN	,			Mailing address	s, if different is:	
5401 S. K	irkman ed					
Orlando F	L 32819					
ARTICLE III PURP The purpose for which		nized is:				
	<u> </u>					
			<u> </u>			
					SEGALTI SEGALTI	
					- 15 N N N N N N N N N N N N N N N N N N	=
					FT	r ci
ARTICLE IV SHAR The number of shares of	<u>ES</u> Stock is: 1,000				AM II: 46 F STARE FEGRIDA	
ARTICLE V INITI	AL OFFICERS AND/O	R DIRECTORS				
Name and Titl	Hyle Thoer	a (Prosid	Name and Title	e:		
Address	7345 W. S	ANI) Lake R	<u>d</u> Address:			
	Orlando f	1 32819				
: : :			<u> </u>			•
Name and Title	;		Name and Title	: :		
Address						
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Nama and Title			Niema en derivid			
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Address						
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Name an	id Title:N	arme and Title:
Address	А	.ddress;
	·	
	·	
	REGISTERED AGENT lorids street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	Corporation Service Company	o og saturation of the saturat
Address:	1201 Hays Street	
Addicas,	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Kyl: Thurris	
Address:	7345 W. SAND Jake RJ	•
Address:		
	Urlando FL 32719	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o	other than the date of filing:	(OPTIONAL)
(If an effective di filing.)	ate is listed, the date must be specific and cannot be	more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applicable state	story filing requirements this data will not be lived as
the document's ef	Tective date on the Department of State's records.	actly timing requirements, and date with not be fixed as
Having been nam	ted us resistered agent to accent service of process for	the above stated corporation at the place designated in
this ecretificate, I a	um familiar with and accept the appointment as registered in the company Roxanne Tul	the above stated corporation at the place designated in the sagest and agree to act in this capacity
ву:	Asst. Vice Pres	sident (0)1711Q
	Required Signature/Registered Agent	Date
I submit this docu	iment and affirm that the facts stated herein are true.	. I am aware that the false information submitted in a
Ma I	Department of State constitutes a third degree felony as	provided for in \$.817.155, F.S.
Ayle Require	ed Signature/Incorporator	<u> </u>
/	U	, Date