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COVER LETTER

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

SUBJECT:	•	CONSIRUCI			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	ERIC SHAR Name 403 FAIRA	` '			
	HAVANA, F. City. 850.8	/ 32333 State & Zip 00 : 709 4 Telephone number	1. Co M		

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 corpora	tion shall be: E/6	EVATE Co.	NSTRUCTION	INC,	
<u>ARTICLE II PRINC</u>	CIPAL OFFICE Principal street address		Mailing address, if differe	Mailing address, if different is:	
403 FAIR	haven Rd				
HAVANA,	71 32333				
	DSE: the corporation is organized is: NO SERVICES,	PROVIDE	CONSTRUCTION	s And	
	ES stock is: ONE (AL OFFICERS AND/OR DIRECT EERIC SHALKEY - A	•	out Tille:		
Address	403 FAIR HAVEN 1 HAVANA 71 323	Address:			
	JANEL SHARKEY. 403 FAIRHAVENA HAVANA H 32				
Name and Title	JAME! SHARKEY.	Name and	Title:	2819	
Address	403 FAIR/HAVENA	Address:	<u></u>		
	HAVANA H 32	333	\$0 \$20	71L 27	
				., <u>.</u>	
Name and Title	:	Name and	Title:	55	
Address		Address:			
	-				

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box)	
Name: ERIC SHAR Address: 403 FAIR H	Key
Address: 405 FAIR H	Wes Ref
Havan 4,7	<u>1 37333</u>
ARTICLE VII INCORPORATOR	TP F
The name and address of the Incorporator is:	m m
Name: ERIC Shar	ekey = =================================
Name: ERIC Shar	hAvenRef 55
1+101ma , +1	<u> 3L35 </u>
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be s filing.)	9/27/19 (OPTIONAL) specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
My	9/24/19
Required Signature/Re	gistered Agent Pate
I submit this document and affirm that the facts document to the Department of State constitutes of	s stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	9/27/19 Date
	, ,