

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**C C DUCT WORK INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FEB 10 2020

T. SCOTT

2020 FEB -7 PM 12:04

2020 FEB -7 PM 3:29

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:C C DUCT WORK INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14478 SW 27 STMIAMI FL 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Carlos Castillo - (P)Sergio CARLOS CASTILLO - (VP)

2020 FEB - 7 PM 12:04

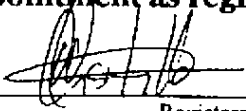
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Carlos Castillo14478 SW 27 STMIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carlos Castillo14478 SW 27 STMIAMI FL 33175

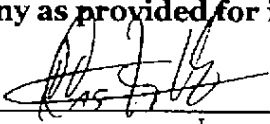
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

2/7/20  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

2/7/20  
\_\_\_\_\_  
Date