Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Austen Construction, Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Purpose for which the corporation is organized is: To perform construction projects for a profit PICLE IV SHARES number of shares of stock is: 10 PICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JC Shawn Crow, P. S. D. T. Name and Title: Address 6200 West 21st Court Address: Hialeah, FL 33016	TICLE II PRING			
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Name a	nd Title:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	e) of the registered agent is:
Name:	LEGALINC CORPORATE SERV	CES INC.
Address:	5237 SUMMERLIN COMMONS E	LVD, SUITE 400
	FORT MYERS, FL 33907	
ARTICLE VII	INCORPORATOR	?n??
The name and a	address of the Incorporator is:	-
Name:	JC Shawn Crow	
Address:	6200 West 21st Court	
	Hialeah, FL 33016	9 . 2.
Effective date, i	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL) annot be more than five days prior or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having been nat certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this sistered agent and agree to act in this capacity
		1/13/2022
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	aux 7605, four.	1/13/2022
sycdnical signar	ure/Incorporator/	Date