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(City/S	State/Zip/Phone	<del>?</del> #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nar	ne)
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	ıment Number)	
(LOCU	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ina Officer:	
Special instructions to 1 ming officer.		
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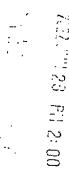
Office Use Only



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Appr .

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## **COVER LETTER**

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

SUBJECT: In	Exterior Constru PROPOSED CORPORA	uction Co. TENAME- <u>MUSTINCLI</u>	<u>UDE SUFFIX)</u>
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
from: <u>B</u>	rian S Costillo	e (Printed or typed)	

Name (Printed or typed)

Z609 Universal Dr.

Address

Ruskin, Florida 33570

City. State & Zip

613 753 6390

Daytime Telephone number

in exterior constr 613 @ gmail.com

E-mail address: (to be used for future annual report notification)

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 corporation shall be: In 4 Exterior	Construction Co.			
Principal office  Principal street address  Ruskin Fl 33570	Mailing address, if different is:			
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: For all buisness transactions due for  Labor, estimates and material costs. Providing services are: Construction,  regains, remodeling. Prefferably: Stucco, Drywall, Framing, Painting and  concrete. etc. Also providing recruitement of crafts men of  this corq. for associated contractors to speed up				
production rates.				
ARTICLE IV SHARES The number of shares of stock is: 1 - Shore  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
Name and Title: Brian & Costilla  Address 12117 Faun Dale Dr.	Name and Title:			
Riverview F1, 33569	Address:			
Name and Title:	Name and Title: Address:			
Name and Title:	Name and Title:  Address:			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NO	T acceptable) of the registered agent is:
Name: Brians Cashillo	<del></del>
Address: 2609 Universa	
Ruskin FL.335	70
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Brian & Costil	<u>10                                    </u>
Address: 12117 Fawn	Dale
Dr. Riverview	F1 33569
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifiling.)	. (OPTIONAL) cific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not mee the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept serv certificate, I um familiar with and accept the appoints	rice of process for the above stated corporation at the place designated in this ment as registered agent and agree to act in this capacity
KMM(!	June 27, 2022
Required Signature/Registe	ered Agent Date
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi	
Required Signature/Incorporator	Date June 22, 2022
	JON G. ZUGSCHWERDT
Q-AB	Notery Public State of Florida Commission # HH 22751 My Commission Expires October 05, 2024

JONG. ZULSCHWERDT FLORIVERS LICENSE 06/22/2022 C234-077-96-418-0