## P22 0000 63138

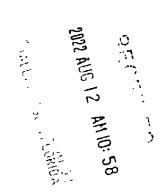
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/12/2022	_				<b>↔</b> W/	ALK	[N**
ENTITY NAME Tri-Cou	nty Construction Service	es Corp			****	<u></u>	<del></del>
DOCUMENT NUMBER_							
	**PLEASE FILE THE	ATTACHED AM	ND RETURN	/**			
xxxxx	Plain Copy Certified Copy Certificate of Status				11. V. 1. V.	9099	
##	PLEASE OBTAIN THE FOL	LOWING FOR 1	THE ABOVE	ENTITY**	FIZ AM 8:	i i I	7
	Certified Copy of Arts & Certificate of Good Stand			·	19 		
	**APOSTILLE' / NO	TARIAL CERI	TIFICATION	V**			
COUNTRY OF DESTINAT NUMBER OF CERTIFICA					<del></del>		
TOTAL OWED \$70		ACC	COUNT #:	1201600000	072		
Please call Tina at t	he above number for an	ny issues or c	2.	•	so much:	/	

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

The name of the corpora	ation shall be: Tri - Coun	4 Constr	uction	Servic	es <b>a</b>
ARTICLE II PRINC	CIPAL OFFICE Principal street address	7		ess, if different is:	
Miami, F	L 33180				
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:	Any L	awful	Purpose	<u> </u>
					<del></del>
ARTICLE IV SHARI The number of shares of	ES stock is: 200		<u> </u>	21 - 22 - 22 - 22 - 22 - 22 - 22 - 22 -	2022 AUG 12
	LOFFICERS AND/OR DIRECTO		îitle:	2017 1017 1017 1017 1017 1017 1017 1017	
Address	2210 TU 46h Ave Hally wood, FL3	Address:			φ
	Ownor Prosident				
Name and Title:		Name and T	itle:		
Address					
Name and Title					
Address					

Name and Title:	Name and Title:	
Address	Address:	
	<del></del>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name: Kimberly Johnson-		
Address: 220 N 46th Ave	<u></u>	
Hollywood, FL 3	13021	2022 A
ARTICLE VII INCORPORATOR		AUG 12
The <u>name and address</u> of the Incorporator is:	^	Amain and m
Name: Kimboy Johnson	7 Shar	A e
Address: 220 NU6th A	<u>e</u>	- 19 - 19 - 19
Hollywood, FL	33021	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and eafiling.)	(OPTIONAL) annot be more than five days prior or	r 90 days after the
Note: If the date inserted in this block does not meet the application the document's effective date on the Department of State's reco	able statutory filing requirements, this ords.	date will not be listed as
Having been named as registered agent to accept service of proce certificate, I am familiar with upplacept the appointment as regi	ess for the above stated corporation at th istered agent and agree to act in this cup	ne place designated in this pacity
Required Signature/Registered Agent	<del></del>	8/11/2022
submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree fe	are true. I am aware that the false infections as provided for in \$ 817 155 F \$	formation submitted in a
	Jany in the modernia of the	8/1/2012
Required Signature/Incorporates	Date	4-1-1200

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