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3/15/23

FLORIDA DIVISION OF CORPORATIONS
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((H23000095241 9))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: LAZARUS CORPORATE FILING SERVICE, INC.
CONTACT: CARMEN S MORALES
PHONE: (305)552-5973

ACCT#: I20000000019
FAX #: (305)675-5944

NAME: GENERAL CONTRACTOR MANAGEMENT CORP

AUDIT NUMBER.....H23000095241

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND CR:

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:GENERAL CONTRACTOR MANAGEMENT CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10790 SW 188 STREET
MIAMI FL 33157**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**DAVID PORTAL (P)
10790 SW 188 STREET
MIAMI FL 33157CLERK OF STATE
TALLAHASSEE, FL

2023 MAR 13 AM 12:30

FILED

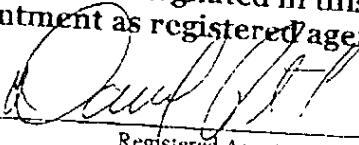
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

DAVID PORTAL
10790 SW 188 STREET
MIAMI FL 33157**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DAVID PORTAL
10790 SW 188 STREET
MIAMI FL 33157

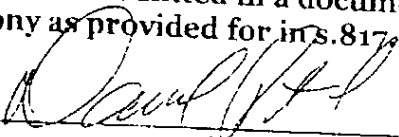
Required Signatures:

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 _____ 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 _____ Date _____

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