P950000 16137

TRANSMITTAL LETTER

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

300001405473 -02/14/95--01054--007 *****70.00 *****70.00

SUBJECT:	COMPLETE	CONCIRETE	company	Twe
	(proposed	corporate name)		

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$______.

FROM:

Name (printed or typed)

2728 SWEET SPRINGS 5T.

Address

DELTONA FL. 32738

City, State, & Zip

(904) 532-5736

Telephone Number

189,502,67/ N95-3559

B. PALOTICITET FEB 271995

FILED
95 FEB 27 PN 3: 32
SECRETARY OF STATE
SECRETARY OF STATE

Note: Please provide the original and one copy of the Articles.





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 15, 1995

ANDY KARRAS

2728 SWEET SPRINGS STREET

DELTONA, FL 32738

SUBJECT: COMPLETE CONCRETE COMPANY, INC. Ref. Number: W95000003559

We have received your document for COMPLETE CONCRETE COMPANY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown Document Specialist

Letter Number: 895A00006918

ARTICLES OF INCORPORATION

OF

COMPLETE CONCRETE SERVICE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COMPLETE CONCRETE SERVICE

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SECRETARY OF STATE
SECRETARY SEE FLORIES

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2728 SWEET SPRINGS ST. DELTONA FL. 32738

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANDY KARRAS 2728 SWEET SPRINGS ST. DELTONA FL. 32738

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANDY KARRAS 2728 SWEET SPRINGS ST. DELTOWN

FL. 32738

LESTER KONTHALS 2943 DENBY DR. PELTOWN FL. 32788

JOHNNY LESTE 261 CAMPENTER ORDOGE TY FL. 32768

Signature Signature

Signature

TRES.

PRES.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: <u>COMPLETE</u> con	CONETE SERVICE
2.	The name and address of the registered agent and office i	is:
	ANDY KARRAS	. 0
	(NAME)	1200
	2728 SWEET SPRINGS ST.	超高型
	(P.O. BOX NOT ACCEPTABLE)	र्जू न ता
	DELTONA FL. 32738	E E S
	(CITY/STATE/ZIP)	71 P. W.
	·	ا الله

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_	andy 10-
DATE/-	4-95