# P9500048615

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

> 800001516658 -06/19/95--01051--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: South	Florida Cont	ractors Inc.	
1	Proposed corporate	name - must include suffix)	
Enclosed is an origina for:	il and one (1) c	opy of the articles of incorporation	and a check
\$70.00 Filing Fee	x \$78.75 Filing Fee & Certificate	\$122.50 \$131.25  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate  Additional Copy Required	,
FROM:	Mario Ma:	<del></del>	
	Name	(printed or typed)	
	3010 Main	nsail Circle	056/22
		Address	% El≪w The Man
	Jupiter,	F1. 33477	
	Ci	ity, State & Zip	611. 1351. 1351.
	407-624-	407-624-7772	
	Daytime	a Telephone number	0 SIATE OF STATE

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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: South Florida Contractors Inc.

# ARTICLE II PRINCIPAL OFFICE

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

8895 N.Military Trail Bldg. B Suite 102 Palm Beach Gardens, Fl. 33410

#### ARTICLE III SHARES

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

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Julian Labbe 244 Broward Ave. Greenacres, Fl. 33463

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Julian Labbe 244 Broward Ave, Greenacres, Fl. 33463

Mario Mazza 3010 Mainsail Circle Jupiter, Fl. 33477

SECRETARY OF STATE OF MISSISSIPPLY OF STATE OF S

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

<u>16 th</u> day of <u>June</u>, 19 <u>95</u>.

Julian Labbe President

Signati:re

Mario Mazza V.President

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	South Florida Contractors	s, Inc.	-
2. The name and address of the re	egistered agent and office is:		
	Julian Labbe (NAME)		SECRET
	244 Broward Ave.		ARY C
(P.C	Box of Mail Drop Box NOT ACCEPTABLE)		
	Greenacres, F1. 33463 (CITY/STATE/ZIP)		े त्या -4

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)

June 1., 1995
(DATE)