P9700055444 TRANSMITTAL LETTER

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

SUBJECT: 5.M	TICE	CONTRAC	TING,	INC	
(P	roposed corporate	name - must include suf	-06/23/9	219446 9701047001 2.50 ****122.5	
Enclosed is an original	and one (1) cop	y of the articles of i	ncorporation and	a check	
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	SECRETARY OF STATE	
FROM:	5 HC H /	4 MORE (K e (printed or typed)	7	ATE ATONS	
	1386	NG 3257 Address			
	FI CA	<i>UDER DIFCE</i> City, State & Zip	PC 33.	334	
	95 y	630 - 1	9025		

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:

5.M TICE CONTRACTING . INC

ARTICLE II PRINCIPAL OFFICE

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

1386 NE 37ST PT CHUD PC 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE ThOUSAND (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHCHA MORENCY 1386 NE 325T FT CAUD FC 33334

ARTICLE V INCORPORATOR(S)

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

SACHA MORENCY 1386 NE 32 ST PT CAUD FL 33334

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

 $\frac{199}{199}$

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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

. The name of the corporation is: 5.M TICE CONTA	PAKTINE I
2. The name and address of the registered agent and office is:	
SHCHA MORENCY	01 01
(Name)	, mmr.
1386 NE 32 ST (P.O. Box not acceptable)	- GALUS
FT CAUD FC 33334	STATE PARTIONS

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.

(City/State/Zip)