U33/14 USE ONLY OFFIG ORATE FILING SERVICE, (Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit *****78.75 Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name imited Partie 8- 994 66 Name Reservation Reinstatemen Trademark Other Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 8, 1999

LAZARUS

MIAMI,

SUBJECT: C. S. INCORPORATED Ref. Number: W99000008465

We have received your document for C. S. INCORPORATED and your check(s) totaling \$78.75. 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway Document Specialist

Letter Number: 499A00017915

99 APR 12 APTITION

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:

C.S. Concrete Incorport

ARTICLE II PRINCIPAL OFFICE

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

35 FERN LANE ROAD. LAKE WORTH, FL. 33467

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TACQUELINE ALFARD 7175 SW 8 STREET STE: #203 Hirmi Fc. 33144

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of

Incorporation is(are):	
Candido Sontay 35 FERN LANE ROAD.	
35 FERN LANE ROAD.	
Lakeworth, Fc. 33467.	
ARTICLE VI DIRECTOR(S)	
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):	
Candido Sontau (P/VP/S/T)	
Candido Sontay (P/VP/S/T) 35 FERN LANE ROAD.	
Lakeworth, Fr. 33467	
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this day of, 19_99	
Signature President Nice-P	4
CANDIDO SONTAY Signature SEC. / Treas.	
Signature Set 1/1/205.	
Signature	
•	

Articles of Incorporation Filing Fee - \$35

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: C.S. Concrete
	The name of the corporation is: C.S. CONCILLE
2.	The name and address of the registered agent and office is:
	JACQUELINE HHARD.
	7175 SW 8 ST. #203
	(DO BOY NOT ACCEPTABLE)
	VIANU TO BOX NOT ACCEPTABLE)
	(CITY/STATE/ZIP)

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 LEGISTERED AGENT.

SIGNATURE OCQUELISE GETANO-DATE 4/6/99

REGISTERED AGENT FILING FEE: \$35.00