TRANSMITTAL LETTER

P990000 48948

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

SUBJECT:			·	٠	
(Proposed corporate name - must include suffix)					
्र वि		-05/21	2 887111 8 6/9901058016 *78.75 *****78.75		
Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a c	check for :	e=	
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	John Ashe Name (Pr	nback inted or typed)			
	4253 Grant A Strant FL 34	ne	SECRETARY O	TILED 19 MAY 28 MM 8: 27	
	City, State & Zip				
·	Daytime Te	lephone number	OR OR	27	

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





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 18, 1999

JON ASHENBACK 4253 SE GRANT ST STUART, FL 34997

SUBJECT: CONSTRUCTION SERVICES INCORPORATED OF SOUTH

FLORIDA

Ref. Number: W99000011591

received your document for CONSTRUCTION We have INCORPORATED OF SOUTH FLORIDA, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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.

The name of the entity must be identical throughout the document.

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.

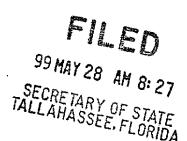
If you have any questions concerning the filing of your document, please call (850) 487-6919.

Beth Register Corporate Specialist Supervisor

Letter Number: 899A00027458

ARTICLES OF INCORPORATION

ARTICLE NAME



The name of the corporation shall be:

CONSTRUCTION SERVICES & SUPPLIES, INCORPORATED OF SOUTH FLORIDA

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be: 4253 S.E. GRANT ST STUART FL 34997 561-260-2233

ARTICLE III SHARES

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

THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE 100 SHARES OF COMMON STOCK, IN ONE CLASS ONLY, EACH WITH A PAR VALUE OF \$ 1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

JON ASHENBACK 4253 S.E. GRANT ST STUART FL 34997 561-260-2233

ARTICLE VINCORPORATORS

The names and street address of the incorporators of these Articles of Incorporation are:

JON ASHENBACK 4253 S.E. GRANT ST STUART FL 34997 561-260-2233

The undersigned incorporators have executed these articles of incorporation this 24 day of May 1999.

signature

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:	<u> </u>			
	Incorporated & So			
2. The name of the registered agent	t and office is:			
Jon	Asherback (Name)			
	(Maine)			
4252	SC Grant St.			
(P.O. Box or Mail Drop Box NOT acceptable)				
	Stuart FL 3499)			
(CI	TY/STATE/ZIP)			
<u>56+6</u>	260:2233			
	(Phone)			

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)

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE
ARLLAHASSEE, FLORIDA