

P 99000056673

**ATTORNEYS' TITLE**

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

FILED  
99 JUN 22 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1- A & L CONTRACTING, INC.

2-

3-

4-

900002911769--5  
-06/23/99--01002--007  
\*\*\*\*\*26.25 \*\*\*\*\*26.25

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

900002911769--5  
-06/22/99--01028--001  
\*\*\*\*\*96.25 \*\*\*\*\*52.50

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
99 JUN 21 PM 12:16  
TALLAHASSEE, FLORIDA

Examiner's Initials

6/23/99  
[Signature]

**ARTICLES OF INCORPORATION**

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following articles of incorporation for said corporation.

1. The name of the corporation is **A & L Contracting, Inc.**
2. The period of duration is perpetual.
3. The purpose is to engage in any activities of business except banking permitted under the laws of the United States and the State of Florida.
4. The Corporation shall have the authority to issue one thousand shares, all of one class, one dollar (\$1.00) par value.
5. The address of its initial registered office is 4441 Northlake Blvd., Palm Beach Gardens, FL 33410 and the name of its initial registered agent is Anthony F. Agrusa.
6. The principal corporate address is 4441 Northlake Blvd., Palm Beach Gardens, FL 33410 and its mailing address is 4441 Northlake Blvd., Palm Beach Gardens, FL 33410.
7. The number of directors constituting its initial Board of Directors is two, whose names and addresses are:

NAME	ADDRESS
<b>ANTHONY F. AGRUSA</b>	4441 Northlake Blvd. Palm Beach Gardens, FL 33410
<b>ALBERT G. LOMAS</b>	1029 Shady Lakes Cir. West Palm Beach, FL 33418

8. The names and addresses of the incorporators are:

NAME	ADDRESS
<b>ANTHONY F. AGRUSA</b>	4441 Northlake Blvd. Palm Beach Gardens, FL 33410
<b>ALBERT G. LOMAS</b>	1029 Shady Lakes Cir. West Palm Beach, FL 33418

9. Commencement of Corporate Existence: The Corporation shall commence its existence on the date of incorporation.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DATED this 18th day of June, 1999.

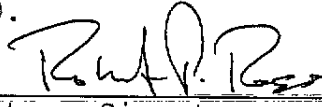
  
ANTHONY F. AGRUSA


  
ALBERT G. LOMAS

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **ANTHONY F. AGRUSA**, known to me to be the person who executed the foregoing, that I relied upon the following form of identification of the above-named person: Personally known and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 18th day of June, 1999.

  
Notary Signature

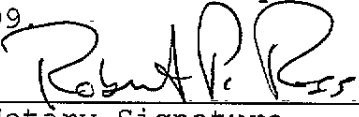
  
Robert P. Ross  
MY COMMISSION # CC742196 EXPIRES  
May 13, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.


Printed Notary Name

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **ALBERT G. LOMAS**, known to me to be the person who executed the foregoing, that I relied upon the following form of identification of the above-named person: Personally known and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 18th day of June, 1999.

  
Notary Signature

  
Robert P. Ross  
MY COMMISSION # CC742196 EXPIRES  
May 13, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Printed Notary Name

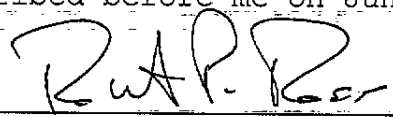
NOTICE OF ACCEPTANCE

The undersigned hereby accepts appointment as Registered Agent  
for **A & L Contracting, Inc.**

  
\_\_\_\_\_  
**ANTHONY F. AGRUSA**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me on June 18th,  
1999.

  
\_\_\_\_\_  
(Signature of Notary Public)



Robert P. Ross  
MY COMMISSION # CC742196 EXPIRES  
May 13, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

\_\_\_\_\_  
(Print, Type or Stamp  
Commissioned Name of  
Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

R:\A & L Contracting, Inc\Articles of Incorporation.frm

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99 JUN 22 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA