

TRANSMITTAL LETTER

P99000103403

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

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-11/22/99-01118-006
*****87.50 *****87.50

SUBJECT: Consolidated Structures Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 22 AM 9:19

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Chrysta Velasquez
Name (Printed or typed)

1152 Brightwell Dr.
Address

Holiday, Fl. 34691
City, State & Zip

727-944-4813
Daytime Telephone number

F. CHESN

NOV 30 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Consolidated Structures Inc.

ARTICLE II PRINCIPAL OFFICE

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

1152 Brightwell Dr. Holiday, Fl. 34691

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Chrysta Velasquez
1152 Brightwell Dr. Holiday, Fl. 34691

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Chrysta Velasquez
1152 Brightwell Dr. Holiday Fl. 34691


Signature/Incorporator

Nov 14, 1999
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Nov 14, 1999
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA