

P1400022511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

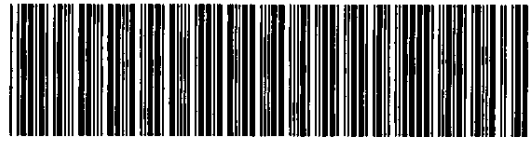
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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03/10/14--01039--020 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 10 PM 2:26

[Handwritten Signature]
3-12-14

COVER LETTER

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

SUBJECT: ALL STATE ROOFING CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: LIANNY PORRAS

Name (Printed or typed)

980 NE 132ND STREET UNIT #2

Address

NORTH MIAMI FL 33161

City, State & Zip

305-975-6606

Daytime Telephone number

LIANNY0511@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 10 PM 2:26

ARTICLE I NAME

The name of the corporation shall be:

ALL STATE ROOFING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

980 NE 132ND STREET UNIT #2

NORTH MIAMI FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION WILL BE PERFORMING

ALL TYPES OF ROOF REPAIRS, RE-ROOF, RECOVERS, AND WATER PROOFING.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LIANNY PORRAS**

Name and Title: **FRANKLIN J URROZ**

Address **980 NE 132ND STREET UNIT #2**

Address: **980 NE 132ND STREET UNIT #2**

NORTH MIAMI FL 33161

NORTH MIAMI FL 33161

PRESIDENT

VICE PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LIANNY PORRAS

Address: 980 NE 132ND STREET UNIT #2
NORTH MIAMI FL 33161

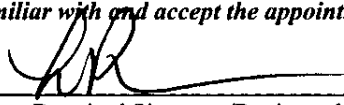
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LIANNY PORRAS

Address: 980 NE 132ND STREET UNIT #2
NORTH MIAMI FL 33161

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

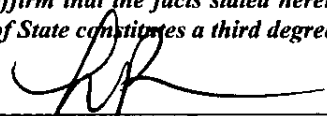


Required Signature/Registered Agent

03/07/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

03/07/2014

Date