

P140000029761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2014 APR -2 AM 11:44
DIVISION OF CORPORATIONS

RECEIVED
14 APR -2 AM 7:58
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
SOOPLIES BUILDING SOLUTIONS, CORP.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$78.75).

Handwritten signature or initials

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

**ARTICLE I NAME**

The name of the corporation shall be: SOOPLIES BUILDING SOLUTIONS, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4995 NW 72ND AVENUE

#407

MIAMI, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pedro Narvaez P

Name and Title: \_\_\_\_\_

Address 4995 NW 72nd Ave

Address: \_\_\_\_\_

#407

Miami, FL 33166

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2014 APR - 2 AM 11:44  
SECRETARY  
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(cont.)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 APR -2 AM 11:44

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: Marlene Fernandez

Address: 4995 NW 72nd Ave #407  
Miami, FL 33166

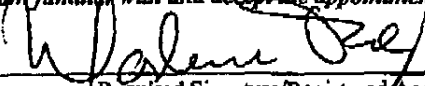
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pedro Narvaez

Address: 4995 NW 72nd Ave #407  
Miami, FL 33166

*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

04/01/2014  
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

04/01/2014  
Date

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