

# P14000037272

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
PACIFIC SCAFFOLDS INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

73474

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*JN* 4/28/14

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COVER LETTER

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

SUBJECT: PACIFIC SCAFFOLDS INC  
(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: JORGE A LOPEZ-ACCOUNTANT-ACCT#15432  
Name (Printed or typed)

13701 SW 88 STREET SUITE 200A  
Address

MIAMI FL 33186  
City, State & Zip

305-388-8406  
Daytime Telephone number

ACCOUNTINGFINANCIAL@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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

14 APR 25 PM 2:44

**ARTICLE I NAME**  
The name of the corporation shall be: PACIFIC SCAFFOLDS INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

6300 SW 138 PLACE  
MIAMI FL 33183

Mailing address, if different is:

6300 SW 138 PLACE  
MIAMI FL 33183

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THIS STATE.

**ARTICLE IV SHARES** 100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: SAMUEL ABAD-PRESIDENT  
Address: 6300 SW 138 PLACE  
MIAMI FL 33183

Name and Title: HAYDEE I ABAD-VP  
Address: 6300 SW 138 PLACE  
MIAMI FL 33183

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

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

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

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

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(cont.)

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: SAMUEL ABAD

Address: 6300 SW 138 PLACE  
MIAMI FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: SAMUEL ABAD

Address: 6300 SW 138 PLACE  
MIAMI FL 33183

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

x [Signature] \_\_\_\_\_ 04/23/14  
Required Signature/Registered Agent 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.

x [Signature] \_\_\_\_\_ 04/23/14  
Required Signature/Incorporator Date

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04/25/2014 14:13 3056339898