

3/29/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ARP FRAMING GROUP CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ARP FRAMING GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

12870 SW 280th STREETHOMESTEAD, FL 33032**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE FOR THIS ENTITY IS FRAMING PARTITION
AND ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADAN AYALA (P)

Name and Title: _____

Address

12870 SW 280th STREET

Address: _____

HOMESTEAD, FL 33032

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: ADAN AYALA
Address: 12870 SW 280th STREET
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADAN AYALA
Address: 12870 SW 280th STREET
HOMESTEAD, FL 33032

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


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

② 

Required Signature/Registered Agent

3/23/2019
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.

④ 
Required Signature/Incorporator

3/23/2019
Date