

Division of Corporations

P19000056960

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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19 JUL 22 AM 12:24

To:

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

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : I20190000059
Phone : (305) 643-3922
Fax Number : (305) 643-3211

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SakayLopez@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
URBANY CONSTRUCTION, CORP.

2.19 JUL 22 AM 11:33

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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JUL 23 2019

Electronic Filing Menu

Corporate Filing Menu

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19 JUL 22 AM 10:24

COVER LETTER

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

SUBJECT: URBANY CONSTRUCTION, 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: URBANY CONSTRUCTION, CORP
Name (Printed or typed)
880 NE 157th TERRACE
Address
NORTH MIAMI BEACH, FLORIDA 33162
City, State & Zip
736-250-7556
Daytime Telephone number
sakaylopez@gmail.com
E-mail address: (to be used for future annual report notification)

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

19 JUL 22 4:13:24

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: URBANY CONSTRUCTION, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

880 NE 157th TERRACE

NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REMODELING INTERIORS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ESTALYN A. LOPEZ PRESIDENT

Name and Title: _____

Address 880 NE 157th TERRACE

Address: _____

NORTH MIAMI BEACH, FL 33162

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 JUL 22 AM 10:24

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: ESTALYN A. LOPEZ
 Address: 380 NE 157th TERRACE
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ESTALYN A. LOPEZ PETTERSON
 Address: 880 NE 157th TERRACE
NORTH MIAMI BEACH, FL 33162

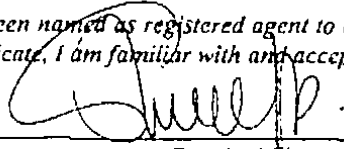
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07 / 22 / 2019 (OPTIONAL)

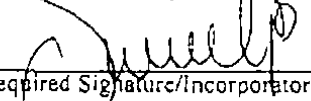
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 _____
 Required Signature/Registered Agent 07 / 20 / 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.

 _____
 Required Signature/Incorporator 07 / 20 / 2019
Date