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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305) 480-0269
Fax Number : (305) 480-0518

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DEREK AC INSTALLATION CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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2019 DEC 05 PM 4:50

STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: DEREK AC INSTALLATION 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DORIS POLANCO

Name (Printed or typed)

10154 W FLAGLER ST

Address

MIAMI FL 33174

City, State & Zip

3054800269

Daytime Telephone number

TAXES@DORISTAXES.COM

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

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

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TALLAHASSEE, FL

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: DEREK AC INSTALLATION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11181 SW 7 STREET

SAME

MIAMI, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

INSTALLATION OF AIR CONDITIONING UNIT

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR J RIZO PRESIDENT

Name and Title: _____

Address 11181 SW 7 ST

Address: _____

MIAMI, FL 33174

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

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: OSCAR RIZO
Address: 11181 SW 7 ST
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS POLANCO
Address: 10154 W FLAGLER ST
MIAMI FL 33174

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

OSCAR RIZO

Required Signature/Registered Agent

12/04/2019

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.

Doris Polanco

Required Signature/Incorporator

12/04/2019

Date

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CLERK OF THE COURT
TALLAHASSEE, FL