P1200960280

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF SIATE DIVISION OF CORPORATIONS

Pe 11/20/12

COVER LETTER

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

SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:) rd とら (Printed or typed)	
	3409 CARLTO	n Arms # 4	- A
	TAMPA TH	33614 State & Zip	
<u></u>	8 (3 — 8 Daytime T	SO - SI41	
	CRAZUdani 25 E-mail address: (to be used	40 Jahoo.co	notification)

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

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

FILED

ARTICLE I NAME	SECRETARY OF STATE DIVISION OF CORPORATIONS
The name of the corporation shall be: R . D . H . Floor	5、上にこ。 1½ NOV 19 PM 3:57
ARTICLE II PRINCIPAL OFFICE	,
Principal street address 3409 Carl Tow and By Apt A Tampa 61 33614	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
FLORING INSTALLATION	>/checking Account
ARTICLE IV SHARES The number of shares of stock is: \OO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	TORS J
Name and Title: Ki CARdo YURA BE OPE Address: 3409 Carlton and Bld Y Apt A Tampa F 33614	S delivere and Title: Address:
Name and Title:	
Address:	Address:
Name and Title:Address:	Name and Title:Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is;
Name: 11 CORDO MORGIES Address: 3409 CARTON: GRHS	
BH 4 apt A tpa f	33614
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Bicardo Horales Address: 3409 Carl for are Bld 4 And A Tra	15 F1 33614
Having been named as registered agent to accept service of pro	ocess for the above stated corporation at the place designated in
this certificate. I am familiar with and accept the appointment a	is registered agent and agree to act in this capacity
Dillon lost	11/9/17
Motorer Required Signature/Registered Agent	Date
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 Denartment of State constitutes a third degree f	elony as provided for in s.817.155, F.S.
Required Signature Incorporator	11/9/12
Required/Signature/Incorporator	Date