

P1400022511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

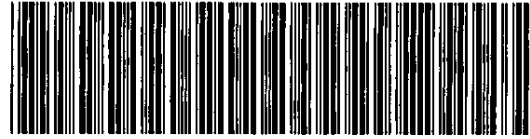
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Certified Copies ☒

Certificates of Status ☒

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 10 PM 2:26

3-12-14

## COVER LETTER

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

SUBJECT: **ALL STATE ROOFING 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: **LIANNY PORRAS**

Name (Printed or typed)

**980 NE 132ND STREET UNIT #2**

Address

**NORTH MIAMI FL 33161**

City, State & Zip

**305-975-6606**

Daytime Telephone number

**LIANNY0511@YAHOO.COM**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**ALL STATE ROOFING CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**980 NE 132ND STREET UNIT #2**

**NORTH MIAMI FL 33161**

Mailing address, if different is: **PM 2:26**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**THIS CORPORATION WILL BE PERFORMING**

**ALL TYPES OF ROOF REPAIRS, RE-ROOF, RECOVERS, AND WATER PROOFING.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**2**

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

Name and Title:

**LIANNY PORRAS**

Address

**980 NE 132ND STREET UNIT #2**

**NORTH MIAMI FL 33161**

**PRESIDENT**

Name and Title:

**FRANKLIN J URROZ**

Address:

**980 NE 132ND STREET UNIT #2**

**NORTH MIAMI FL 33161**

**VICE PRESIDENT**

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:

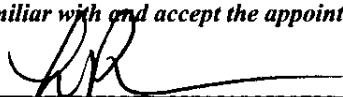
Name: LIANNY PORRAS  
Address: 980 NE 132ND STREET UNIT #2  
NORTH MIAMI FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LIANNY PORRAS  
Address: 980 NE 132ND STREET UNIT #2  
NORTH MIAMI FL 33161

*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*

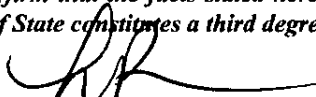


\_\_\_\_\_  
Required Signature/Registered Agent

03/07/2014

\_\_\_\_\_  
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

03/07/2014

\_\_\_\_\_  
Date