Plucooda3418

(Requestor's Name)				
(Address)				
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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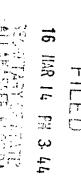
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COVER LETTER

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

CONSTRUCTION CARPENTRY INC

Enclosed are an	original and one (1) copy of the artic	cles of incorporation and	a check for:	1	
□ \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	ROGELIO JIMENEZ ULLOA Name	(Printed or typed)			
1851 SW 64TH AVE					
	Address NORTH LAUDERDALE FL 33068				
City, State & Zip					
	954-5202230		1990 - 11 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 6 ==	
Daytime Telephone number				THE PH	
•	E-mail address: (to be used	for future annual report no	otification)	湿 亡 ぬ	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2016

ROGELIO JIMENEZ ULLOA 1851 SW 64TH AVENUE NORTH LAUDERDALE, FL 33068

SUBJECT: CONSTRUCTION CARPENTRY INC

Ref. Number: W16000013367

We have received your document for CONSTRUCTION CARPENTRY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 416A00003734

March 9, 2016

Dear Sir/Madam:

My name is Rogelio Jimenez owner of Construction Carpentry Inc with Federal Id # 46-2916947. The reason of this letter is to inform that I will not reinstate this Corporation under P1300048764 instead I will like to open a new one using the same name: Construction Carpentry Inc

Sincerely,

Rogelio Jimenez Ulfoa

phone: 954-5202230

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

a name of the compared	tion shall be:	TRY INC		F-11	LU
	•		16	MAR 14	PM 3. L
TICLE II PRINC	Principal street address	Mailing ac	ddress, if differ	ent is: 104	11. 07.1d
SI SW 64TH AVE			* 21 1		
RTH LAUDERDAL	E FL 33068		,	•	
•		,			
TICLE III DUDDA	DCE				
TICLE III PURPO e purpose for which the	he corporation is organized is:				
NSTRUCTION					

				····	
					
	LOFFICERS AND/OR DIRECTORS ROGELIO JIMENEZ ULLOA/P	Name and Title			
	1851 SW 64TH AVE	Name and Title:			
Address		Address:			
	NORTH LAUDERDALE FL 33068				
Name and Title:		Name and Title;			
Address		Address.			
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Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:			
Address		Address:			
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برائسه يبأسد	Name and	Fitle:	Name and Title:	
:	Address		Address:	
		EGISTERED AGENT ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Na	ıme:	ROGELIO JIMENEZ ULLOA	_	
Äd	dress:	· -1851 SW 64TH AVENUE		
. 4	4 1.4%	NORTH LAUDERDALE, FL 33068		_
				<u>ँ</u>
		<u>CORPORATOR</u>		
The	e <u>name and addi</u>	ress of the Incorporator is:		后后
	Name:	ROGELIO JIMENEZ ULLOA		書り
	Address:	1851 SW 64TH AVE	<u> </u>	φ
		NORTH LAUDERDALE FL 33068		
Effi (If day	ective date, if otless an effective dat ys after the filing te: If the date in	her than the date of filing: e is listed, the date must be specific and cannot ge.) serted in this block does not meet the applicable ctive date on the Department of State's records	ot be more than five busine e statutory filing requirements	ss days prior or 90 business
		d as registered agent to accept service of proce familiar with and accept the appointment as re		ct in this capacity
	X // 40	Required Signature/Registered Agent		02/02/2016 Date
I sı	V ubmit this docun	nent and affirm that the facts stated herein ar	e true. I am aware that the fi	
		partment of State constitutes a third degree felo		
	+ 1/2	0 8740 - TIMPART		02/02/2016
	Reduire	d Signature/Incorporator / ' ' '		Date

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