

PROPOSED TRANSFER LETTER
P00000116367

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

FILED
00 DEC 21 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL 32304

SUBJECT: MY DESTINY MASONRY INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003510295-8
-12/21/00--01049--007-5
*****78.75 *****78.75-

Enclosed is 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: Armando Torres
Name (Printed or typed)

2517 WATERVIEW PLACE
Address

WINDEMERE FLA 34786-0000
City, State & Zip

407-445-8545
Daytime Telephone number

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

SUFFICIENCY OF FILING
TO ACKNOWLEDGE

2000 DEC 21 PM 12:25

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

12-21
WPC

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:

MY DESTINY MASONRY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2517 WATERVIEW PL

2517 WATERVIEW PL.

WINDERMERE FLA 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

2517 WATERVIEW PL

WINDERMERE FLA 34786

Armando Torres

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

2517 WATERVIEW PL

WINDERMERE FLA 34786

ARMANDO TORRES

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

2517 WATERVIEW PL

WINDERMERE FLA 34786

ARMANDO TORRES.

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA