

PD1000007678

TRANSMITTAL LETTER

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

FILED
01 JAN 19 AM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT:

1-STOP MAINTENANCE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003555335--8
-01/19/01--01057--011
*****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: CARLOS A. BATISTA
Name (Printed or typed)
5820 SW 149 AVENUE
Address
MIAMI, FLORIDA 33193
City, State & Zip
(305) 386-6463
Daytime Telephone number

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

Done
1/22/01
24

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:

1-STOP MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5820 SW 149 AVENUE
MIAMI, FLORIDA 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE PROPERTY MAINTENANCE AND REPAIR SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES AT ONE DOLLAR PER VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CARLOS A. BATISTA
5820 SW 149 AVENUE
MIAMI, FLORIDA 33193
PRESIDENT

SARESKA ALONSO
5820 SW 149 AVENUE
MIAMI, FLORIDA 33193
VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

SARESKA ALONSO
5820 SW 149 AVENUE
MIAMI, FLORIDA 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS A. BATISTA
5820 SW 149 AVENUE
MIAMI, FLORIDA 33193

SARESKA ALONSO
5820 SW 149 AVENUE
MIAMI, FLORIDA 33193

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

SsKa Alonso
Signature/Registered Agent

1-17-01
Date

SsKa Alonso
Signature/Incorporator

1-17-01
Date

FILED

01 JAN 19 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA