

TRANSMITTAL LETTER

P020000018512

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

FILED
02 FEB 14 PM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ROOF SYSTEMS REPAIR, INC.
(Proposed corporate name - must include suffix)

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: JORGE OTAZO
Name (Printed or typed)

200004925432--7
-02/14/02--01043--003
*****87.50 *****87.50

19 ROYAL PARK DR 1E
Address

OAKLAND PARK, FL 33309
City, State & Zip

954-275-4106
Daytime Telephone number

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

J. BRYAN FEB 19 2002

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ROOF SYSTEMS REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

119 ROYAL PARK DR 1E OAKLAND PARK, FL 33309

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

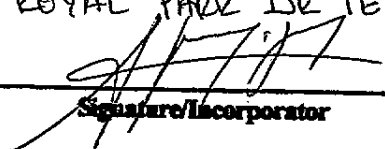
JORGE OTAZO 119 ROYAL PARK DR 1E OAKLAND PARK, FL 33309

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JORGE OTAZO

119 ROYAL PARK DR 1E - OAKLAND PARK FL 33309

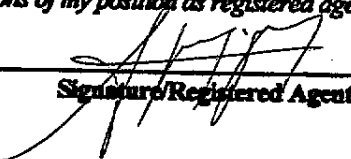

Signature/Incorporator

2-11-02

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

2-11-02

Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA