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SECRETARY OF STATE TALLAHASSEE FLORIDA

Department of State			IALLAHASSEE	۲
Division of Corporat P. O. Box 6327	ions			
Tallahassee, FL 323	14	4	000005558	5
P.		ia in Cular Tia	-05/20/020 *****78.75	1 L
SUBJECT: <u>I / / </u>	FESSIONAL ROOFIN	THE NAME - MUST INCLI	UDE SUFFIX)	_
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:	
\$70.00	<b>×</b> \$78.75	<b>\$78.75</b>	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	ce cordinate of Satus	a common copy	& Certificate of Status	
		ADDITIONAL CO		
FROM:	Amanda M. Name	Alvarez e (Printed or typed)		
-	9335 S.W. 1	14 St. Address		
-	Miami 7L	33157	non-manufacture and a second of	

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

Daytime Telephone number

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ADVICTE T MANEE	RPORATION 607 and/or Chapter 621, F.S. (Profit) shall be: Professional Roofing	FILED  02 MAY 20 PM 4: 03  Safecretary of state
	IPAL OFFICE ess/mailing address is:	
ARTICLE III PURP The purpose for which the Rooking a		) 
ARTICLE IV SHAF The number of shares of stor		er er
ARTICLE V INITIAL The name(s), address(es) ar fmanda M. Alu 9335 Sw. 174 S Miami, H. 3	parez - Pres.	
ARTICLE VI REG The name and Florida street Frederick Spi 11767 So. Dix # 341 Pinecrest, H	et address of the registered agent is:  egel  Hwy,  33156	- · · · · · · · · · · · · · · · · · · ·
The name and address of the name and address of the	Alvarez 14 St.	
Having been named as registered	**************************************	at the place designated in this
Signature/Incorpo		Date Date