

PO2000129507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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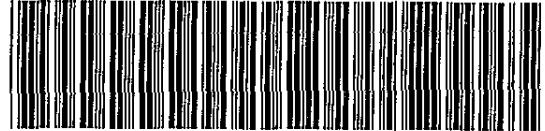
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: CROWN MOULDING SPECIALIST 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: MANUEL MENDEZ JR
Name (Printed or typed)

19201 Collins Ave. Apt. 220
Address

Sunny Isles Fl. 33160
City, State & Zip

(561) 502-0443
Daytime Telephone number

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

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:

CROWN MOULDING SPECIALIST INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19201 Collins Ave. Apt. 220
Sunny Isles Fl. 33160.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Moulding Work.

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred of one.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Manuel Mendez Jr. (President- 50%)
19201 Collins Ave. Apt.220 Sunny Isles, Fl. 33160
Cesar Leal (Vice-President 50%)
1853 Palm Acres Dr. West Palm Beach Fl. 33406

ARTICLE VI REGISTERED AGENT

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

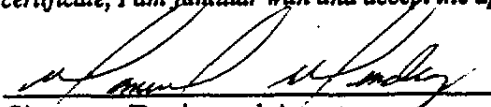
Manuel Mendez Jr. President.
19201 Collins Ave. Apt.220, Sunny Isles, Fl. 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


19201 Collins Ave. Apto.220, Sunny Isles, Fl. 33160
Manuel Mendez (President) Cesar Leal (Vice-President)

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

12-05-2002

Date


Signature/Incorporator

12-05-2002

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA