# P02000130436

# Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335
Phone: (305)599-0839
Fax Number: (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

CHINGON DRYWALL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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#### ARTICLESOF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

: :

CHINGON DRYWALL SERVICES. INC.

#### ARTICLE II - PRICIPLE OFFICE

The principle place of business and mailing of this corporation shall be:

8120 SW. 6<sup>TH</sup> CT. Pompano Boh, Fl. 33068

#### ARTICLE III - SHARES

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

ONE HUNDRED SHARES (100)

#### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADRESS

The name and address of the initial registered agent is:

Alfredo Sanchez 8120 SW, 6<sup>713</sup> CT. Pompano Bch, Fl, 33068

#### ARTICLE V - INCORPORATOR(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is are (are):

Alfredo Sanchez 8120 SW. 6<sup>TM</sup> CT. Pompano Bch, Fl. 33068 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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The undersigned incorporator(s) has (have) executed these Articles of Incorporation This 11th day of December, 2002.

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Alfredo Sanchez 8120 SW, 6<sup>TH</sup> CT. Pompano Bch, Fl. 33068

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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