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

TALLAHASSEE FLORIDA

SUBJECT: MILA	AN ROOF SYSTEMS, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fec & Certified Copy	Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM: C	ARLOS OBREGON, CLOP	AC, INC	
	Name	e (Printed or typed)	
	8100 SW 19 STREET		
		Address	
	MIAMI, FL 33155		
	City	, State & Zip	
	305.775.3362		
	Daytime	Telephone number	

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

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:

MILAN ROOF SYSTEMS, INC.

PRINCIPAL OFFICE ARTICLE II

The principle place of business and mailing address of the corporation shall be:

1628 NW 16 ST Suite 1

Miami, FL 33125

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 - (One thousand) - 0.001 par value

> ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is: Carlos L Obregón 8100 SW 19 ST Miami, FL 33155

> INCORPORATOR ARTICLE V

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

Anselmo Milan 1628 NW 16 ST Suite 1 Miami, FL 33125

ARTICLE VI OFFICERS

The initial officers of this corporation is/are:

President: Anselmo Milan

ARTICLE VII DATE OF INCORPORATION

The existence of the corporation shall commence as of:

Date of this filing

Signature of Incorporator

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 of initial registered as