

P040000081637

(Requestor's Name).

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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 十  
 日

05 MAY 19 PM 3:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** MONTES CONSTRUCTION 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:** IHOSVANY MONTES  
Name (Printed or typed)  
9003 DUKE DR.  
Address  
TAMPA, FL. 33615  
City, State & Zip  
813) 886-9376  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 und/or Chapter 621, F.S. (Profit)

FILED

05 MAY 19 PM 3:21

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MONTES CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9003 DUKE DR.  
TAMPA, FL. 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED  
UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

3,000  
THREE THOUSAND

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

IHOSVANY MONTES - PRESIDENT  
9003 DUKE DR.  
TAMPA, FL. 33615

ILEANA GARCIA - TREAS  
9003 DUKE DR.  
tampa, fl. 33615

ARTICLE VI REGISTERED AGENT

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

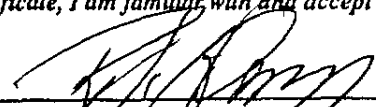
RALPH PEREZ  
10921 AIRVIEW DR.  
TAMPA, FL. 33625

ARTICLE VII INCORPORATOR

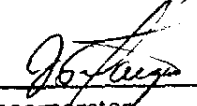
The name and address of the Incorporator is:

IHOSVANY MONTES  
9003 DUKE DR.  
TAMPA, FL. 33615

\*\*\*\*\*  
I, the undersigned, 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

5/12/2004  
Date

  
Signature/Incorporator

5/12/2004  
Date