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Special Instructions to	Filing Officer:		7		
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SELRETARY OF STALE VISION OF CURPORATION

TRANSMITTAL LETTER

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

SUBJECT: GUSTA	VO JUAREZ REMODELING, INC	F NAME - MUST INCL	IDE SUFFIXY		
	(I ROI OSED COIN OXET	E MINE MODELINO	<u> </u>		
Enclosed are an original	inal and one (1) copy of the artic	les of incorporation and	a check for:	1	
☐ \$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: ^{GU}	STAVO JUAREZ	. فم		05 APR 1) VISIO
	Name (Printed or typed)		PR	NA CO
	7614 ARBLE DR.		<u></u>	PH	ARY D
	JACKSONVILLE, FL. 32211	ddress State & Zip		M 3: 09	Y OF STATE
:	904-762-0524 Daytime To	elephone 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:

GUSTAVO JUAREZ REMODELING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7614 ARBLE DR.
JACKSONVILLE, FL. 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GUSTAVO JUAREZ 7614 ARBLE DR. JACKSONVILLE, FL. 32211 PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GUSTAVO JUAREZ 7614 ARBLE DR. JACKSONVILLE, FL. 32211

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

GUSTAVO JUAREZ 7614 ARBLE DR. JACKSONVILLE, FL, 32211

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

Signature/Incorporator

Date

Date

NVISION CF CCRPORATION