

P05000137007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

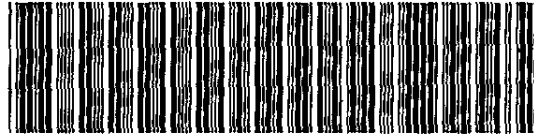
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 OCT -6 PM12:02

STATE
REGISTRAR
CORPORATIONS

B. McKnight OCT 07 2005

COVER LETTER

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

SUBJECT: P. Moya Garage Doors, Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Carlos E. Varona-Accounting And Tax Service

Name (Printed or typed)

7478 NW 8th Street

Address

Miami, Fl. 33126

City, State & Zip

(786) 234-6837

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:

P. Moya Garage Doors, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

500 SW 64 Court
Miami, Fl. 33144

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:

One Hundred (100) at One Dollar at par.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pedro Moya-President
500 SW 64 Court
Miami, Fl. 33144

ARTICLE VI REGISTERED AGENT

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

Pedro Moya
500 SW 64 Court
Miami, Fl. 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pedro Moya
500 SW 64 Court
Miami, Fl. 33144

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

09/22/2005

Date



Signature/Incorporator

09/22/2005

Date

05 OCT -6 PM 12:02
STATE OF FLORIDA
DEPARTMENT OF REVENUE