# P05000164328

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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Contract there a distribute the

2005 DEC 19 PM 4: 01
SECRETARY OF STATE
AND ANSSEE, FLORID

T-Mampton DEC 19 2005

# **COVER LETTER**

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

| SUBJECT: Soph        | nia Construction & Distri           | butor Corp                              |                                       |
|----------------------|-------------------------------------|---|---------------------------------------|
| -                    | (PROPOSED CORPORA                   | TE NAME – <u>MUST INCL</u>              | UDE SUFFIX)                           |
|                      |                                     |   |                                       |
|                      |                                     |   |                                       |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and               | a check for:                          |
| <b></b>              |                                     |   |                                       |
| \$70.00              | <b>\$78.75</b>                      | \$78.75                                 | <b>✓</b> \$87.50                      |
| Filing Fee           | Filing Fee                          | Filing Fee                              | Filing Fee,                           |
|                      | & Certificate of Status             | & Certified Copy                        | Certified Copy                        |
|                      |                                     | 1                                       | & Certificate of                      |
|                      |                                     |   | Status                                |
|                      |                                     | ADDITIONAL COPY REQUIRED                |                                       |
|                      |                                     |   |                                       |
|                      |                                     |   |                                       |
|                      |                                     |   |                                       |
| EDOM: O              | scar Espana                         |   |                                       |
| FROM:                | Name                                | (Printed or typed)                      |                                       |
|                      |                                     | · • • • • • • • • • • • • • • • • • • • |                                       |
|                      | 4427 SE 14 PL                       |   |                                       |
|                      |                                     | Address                                 | · · · · · · · · · · · · · · · · · · · |
|                      |                                     |   |                                       |
|                      | Cape Coral, F L 33904               |   |                                       |
|                      | City,                               | State & Zip                             |                                       |
|                      |                                     |   |                                       |
|                      | 239-699-6324                        |   |                                       |

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

Daytime Telephone number

#### ARTICLES OF INCORPORATION

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

FILED

# ARTICLE I NAME

The name of the corporation shall be:

Sophia Construction & Distributor Corp

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4427 SE 14 PL Cape Coral F L 33904

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Business and Distribution

# ARTICLE IV SHARES

The number of shares of stock is:

1

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Oscar Espana Owner

#### ARTICLE VI REGISTERED AGENT

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

Oscar Espana 4427 SE 14 PL Cape Coral F L 33904

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Oscar Espana 4427 SE 14 PL Cape Coral F L 33904