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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT:		MbeV	
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	10ANDRY Name	PORTAC e (Printed or typed)	
-	167 West	25 5T H	10t.1
	Higleow F	Jorida 33	0/0
		6-2226	

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

THE NAME OF THE CORPORAT TION SHALL BE:
PORTAL PLUMBER CORP

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 167 WEST 25 ST APT 1
HIALEAH FLORIDA 33010

ARTICLE III

THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS: PLUMBER

ARTICLE IV

THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: 1000

ARTICLE V

THE OFFICERS ARE:

YOANDRY PORTAL

PRESIDENT

YOANDRY PORTAL

VICE-PRESIDENT

ARTICLE VI

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

YOANDRY PORTAL 167 WEST 25 ST APT 1 HIALEAH FLORIDA 33010

I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSIBILITIES OF REGISTERED AGENT.

REGISTERED AGENT SIGNATURE:

YOANDRY PORTAL

ARTICLE VII

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

RAUL AMAYA 436 ORIOLE AVE MIAMI SPRING FL 33166

INCORPORATOR SIGNATURE:

RAUL AMAYA

Having been named as registered agent to accept service at the place designated in this certificate, I am familiar with agent and agree to act in this capacity.		
Registered Agent	Date	12-31-05

Date

12-31-05

Incorporator