

FB6000048731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06 APR -4 AM 9:42
DIVISION OF CORPORATION

4-5-06

Charter Number Only

VALIDATION ONLY

3:31:06 Elizabeth

Elizabeth Hidalgo
Requestor's Name
330 W. 9 Street #9
Address
Hialeah, FL 33110
City State ZIP Phone
786-417-2258B

CORPORATION(S) NAME

Alpizar Remodeling Inc.

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy of Articles
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
☒ Pick-Up
- ☐ Merger
☐ Mark
☐ Other
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☐ Certificate Under Seal
☐ After 4:30
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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as Incorporators of a Corporation under the Laws of the State of Florida, adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

ALPIZAR REMODELING INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

DADE COUNTY
157 West 5 Street
Hialeah FL. 33010

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100 \$ 1.00 par value

ARTICLE IV

The name and address of the initial registered agent is:

ROBERTO ALPIZAR
157 West 5th Street
Hialeah FL. 33010

ARTICLE V

The name and street address of the Incorporator to these Articles of Incorporation is:

ROBERTO ALPIZAR

C/O : Company

FILED
2006 MAR -11 PM 12:06
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

The name of the corporation is:

ALPIZAR REMODELING INC.

The name and address of the Registered Agent is:

ROBERTO ALPIZAR
157 West Street
Hialeah FL. 33010

Signature: _____

March 30th 2006

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY . I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS A REGISTERED AGENT.

SIGNATURE: _____

March 30th 2006

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TAMPA