

# P06000073514

Florida Department of State  
Division of Corporations  
Public Access System

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000143713 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

*HAVE UP*

To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 MAY 25 P 2:19

FILED

## FLORIDA PROFIT/NON PROFIT CORPORATION

### LUIS MOLINA PLUMBING, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

*90-90-5-26-06  
190*

**FILED**  
2006 MAY 25 P 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

*THE UNDERSIGNED incorporate hereby makes, acknowledges and files with the Department Of State: this corporation is for profit in accordance with the Law of the State of Florida.*

**ARTICLE I  
NAME OF CORPORATION**

*The name of the corporation shall be: Luis Molina Plumbing, Inc*

**ARTICLE II  
NATURE OF BUSINESS**

*The nature of the business to be transacted by the Corporation shall be to engage in any lawful Act permitted under the laws of the United States of America and of the State of Florida as limited by The provision of the Florida Corporation Act.*

**ARTICLE III  
CAPITAL STOCK**

*The maximum number of share of capital stock authorized to be issued by this corporation shall be one thousand shares of stock and its par value. (\$1.00 per share value)*

*Each of said shares of stock might be paid in cash, in property (other than stock securities) or in labor or services at a fair valuation to be fixed by the incorporator. All stock, when issued, shall be fully paid for and shall be non-assessable.*

**ARTICLE IV  
INITIAL CAPITAL**

*The amount of capital with which this corporation shall be no less than ONE THOUSAND DOLLARS (\$ 1000.00)*

**ARTICLE V  
TERM OF EXISTENCE**

*This corporation shall have perpetual existence.*

**ARTICLE VI  
PRINCIPAL OFFICE**

*The following shall be the address of the principal office of this corporation, but this corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices in their places of business at such other places within or without the State of Florida that may be deemed expedient:*

*20540 Gulfstream Road  
Miami, Fl 33189*

**ARTICLE VII  
BOARD OF DIRECTORS**

*This corporation shall have not less than one director initially. The number of directors may be increased or diminished from time to time, by the by laws adopted by the stockholders. The name and street address of the members of the first Board of Directors are:*

**PRESIDENT, DIRECTOR and SECRETARY: Luis Alberto Molina**  
20540 Gulfstream Road  
Miami, Fl 33189

**TREASURY: Lisa Marie Molina**  
20540 Gulfstream Road  
Miami, Fl 33189

**ARTICLE VIII  
SUBSCRIBERS**

*The names and address of the subscribers of these Articles of Incorporation and the number of shares of stock which are agree to take are:*

50% **Luis Alberto Molina**  
20540 Gulfstream Road  
Miami, Fl 33189

50% **Lisa Marie Molina**  
20540 Gulfstream Road  
Miami, Fl 33189

**ARTICLE IX  
AMENDMENT**

*This articles of the incorporation may be amendment in the manner provide by law. The president shall approve every amendment.*

*IN WITNESS WHERE OF, the undersigned have hereunto set their hands and seal this 14 of May of 2006.*

  
\_\_\_\_\_  
Luis Alberto Molina

  
\_\_\_\_\_  
Lisa Marie Molina

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

**I HEREBY CERTIFY** that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared *Caridad Lopez* known to be the people described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

**IN WITNESS THEREOF**, I have hereunto set my hand and seal, this 24 day of May, 2006.

**NOTARY PUBLIC**

*Personally Known*

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE VERIFIED.**

*In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:*

*That Luis Alberto Molina & Lisa Marie Molina desiring to organize under the laws of the State of Florida, with is principal office at 20540 Gulfstream Road, Miami, Fl 33189. County of Dade have named, Lisa Marie Molina with address 20540 Gulfstream Road, Miami Fl 33189 as its agent of process within the State.*

**ACKNOWLEDGMENT:**

*Having been named to accept service of process for the above state people, at the place designate in this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office.*

*Lisa Marie Molina*  
Lisa Marie Molina  
Registrar Agent

Sworn and subscribed before me, this May 24, 2006

*Barbara Ortiz*  
Notary Public - State of Florida



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of section 607.325 Florida Statutes, me undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designated the registered office/registered agent, in the State of Florida.*

1. - The name of the corporation is: *Luis Molina Plumbing, Inc*

2. - The name and address of the register agent and office is:

**Lisa Marie Molina  
20540 Gulfstream Road  
Miami, Fl 33189**

SIGNATURE: *Lisa Marie Molina*

TITLE: TREASURY

DATE: 5-24-06

**HAVING BEEN NAMED TO ACCEP SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY , AND I FUTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.**

SIGNATURE: *Lisa Marie Molina*

DATE: 5-24-06

2006 MAY 25 P 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED