

PO6000137384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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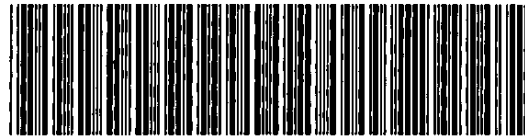
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/06--01019--013 **78.75

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06 OCT 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

COVER LETTER

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

SUBJECT: DRYWALL HOSPITAL RESTORATION INC
(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: DRYWALL HOSPITAL RESTORATION INC
Name (Printed or typed)

8940 Johnson St

Address

Pembroke Pines Fl. 33024

City, State & Zip

754 581 4064

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2006

DRYWALL HOSPITAL RESTORATION INC
8940 JOHNSON ST
PEMBROKE PINES, FL 33024

SUBJECT: DRYWALL HOSPITAL RESTORATION INC
Ref. Number: W06000042182

We have received your document for DRYWALL HOSPITAL RESTORATION INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 906A00057268

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:

DRYWALL HOSPITAL RESTORATION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8940 Johnson St
Pembroke Pines, Fl. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wall construction or installation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Orlando Tenemas (President)
334 SW 195 Ave.
Pembroke Pines Fl. 33029

Luis A. Galecio (Vice/presidente)
8940 Johnson St.
Pembroke Pines. Fl. 33024

ARTICLE VI REGISTERED AGENT

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

Luis A. Galecio (Vice-president)
8940 Johnson St.
Pembroke Pines. Fl. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

8940 Johnson St.
Pembroke Pines. Fl. 33024

Orlando Tenemas (president)

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

Signature/Incorporator

Date

Date

FILED
06 OCT 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-16-06

09-16-06