

PO6000143728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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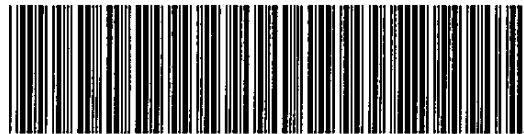
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 11-15

COVER LETTER

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

SUBJECT: A.R. REMODELING, 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: A.R. REMODELING, INC.

Name (Printed or typed)

4364 N.W. 202 ST.

Address

OPA LOCKA, FL 33055

City, State & Zip

(786) 312-0064

Daytime Telephone number

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

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:

A.R. REMODELING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4364 N.W. 202 ST.
OPA LOCKA, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REMODELATION AND CONSTRUCTION and to transact in any and all lawful business authorized under the Statutes of the State of Florida.

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):

Title: P
Alejandro R. Rodriguez
4364 NW 202 ST
OPA LOCKA, FL 33055
Title: VP/S
Maria O. Gomez
4364 NW 202 ST
Opa Locka, Fl 33055

ARTICLE VI REGISTERED AGENT

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

Maria O. Gomez
4364 NW 202 ST
OPA LOCKA, FL 33055

ARTICLE VII INCORPORATOR

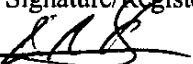
The name and address of the Incorporator is:

Alejandro R. Rodriguez
4364 NW 202 ST
OPA LOCKA, FL 33055

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date