

FROM : LAZARUS

FAX NO. : 3052201440

8/12/2009 02:20PM P1

https://elc.sunniz.org/servlets/ELCgovt.cad

P09000068204

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.**

(((H09000181005 3)))



H090001810053ABCV

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

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**SANTA CLARA MILLWORK INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2009 AUG 12 PM 4: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000181005

**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:

SANTA CLARA MILLWORK INC

**ARTICLE II PRINCIPAL OFFICE**The principal ~~street~~ address and mailing address, if different is:1850 SW 122 AVE APT 402  
MIAMI FL 33175**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LORENZO RAMIREZ - PRESIDENT  
1850 SW 122 AVE APT 402  
MIAMI FL 33175**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:LORENZO RAMIREZ  
1850 SW 122 AVE APT 402  
MIAMI FL 33175**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:LORENZO RAMIREZ  
1850 SW 122 AVE APT 402  
MIAMI FL 33175

\*\*\*\*\*

*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

8-12-09

Date

8-12-09

Date

FILED

2009 AUG 12 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000181005