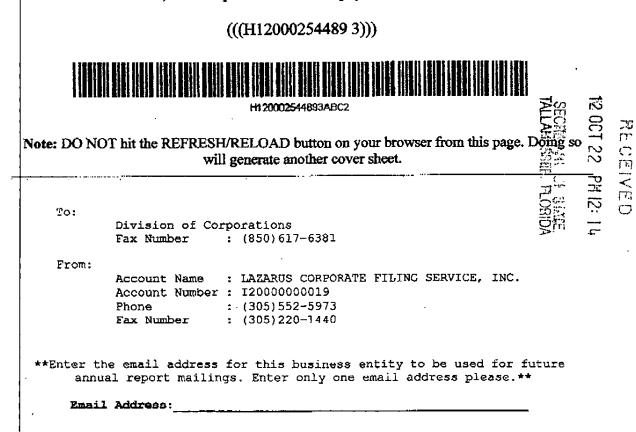
Division of Corporations **Electronic Filing Cover Sheet**

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.



FLORIDA PROFIT/NON PROFIT CORPORATION MARIO ROOFING CORP.

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Electronic Filing Menu Corporate Filing Menu

Help

11/12-54447

August 22, 2012

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owners of MARIO ROOFIONG CORP., Document

Number P11000047268are the same owners of the attached Articles of Incorporation.

We have dissolved the company and have no intention of reopening it.

Sincerelyj,

MARIO R. VELEZ

H12000254489

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	MARIO ROOFING		
ARTICLE II	PRINCIPAL OFFICE	Mailing w	ddress, if different is:
1	Principal street address 20 NW 13 TH AVENUE		VE
	MAMI FL 33125	SAMP AS ABO	VE
<u> </u>	DIAMI FI 33129		
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is:		
ANY ACTIVIT	TY PERMITTED UNDER THE LAV	vs of the united s	TATES OF AMERICA
AND THE ST	ATE OF FLORIDA.		
ARTICLE IV	SHARES		
	es of stock is:1000		
	INITIAL OFFICERS AND/OR DIRECT		
Name and 11 Address:	tle:MARIO VELEZ P/D/S/T 120 NW 13TH, AVENUE	Name and Title: Address:	
Montess:	MIAMIL FL 33125	Audress.	
	101 A		
Name and Ti	tle:	Name and Title:	
Address:		Address:	
1			
Name and Ti	tie:	Name and Title:	
Address:		A # 3	₹ v 2
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A 75070000 VA 477	DEAMORES AGOST		53 4 4
	<u>REGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable	A of the anxionand arrest in	Z5 SSESSES
Name:	MARIO VELEZ	:) or me registeren sfent is:	m _o m
Address:	120 SW 13TH AVENUE		• ~~
	MIAMI FL 33125		
	71007707107)RE 9:
	INCORPORATOR		32 DA
ne <u>name ann ann</u> Name:	hress of the Incorporator is: MARIO VELEZ		, •
Address:	120 SW 13TH AVENUE		
	MIAMI_ FL 33125		
Havina hum name	ed as registered agent to accept service of pro	erest for the above stated costs	pration at the place designated is
	n familiar with and accept the appointment as		
100			• •
1 4/11		•	10/21/12
7	Required Signature/Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a
	epariment of State constitutes a third degree fe		
epenment to the 194	<u> </u>	•	
PLATA			
y Aff	Required Signature/Incorporator		10/21/12

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