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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:	SUNSET	WINDOW & DOOR INSTALLATION CORP
	, 1	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an origi	nal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 - Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

М٠	JUAN A CAICEDO
	Name (Printed or typed)
	6487 WEST 22 CT
-	Address
	HIALEAH FL 33016
-	City, State & Zip
	786-379-6954
-	Daytime Telephone number
	yuniadelacruz@aol.com
-	F-mail address: (to be used for future annual report notification)

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)

187 W 22 C	Principal street address	'Ma	'Mailing address, if different is:	
IALEAH FL	3301			
PTICLE III PU	RPOSE the corporation is organized is:			SECRETARY SALLAHASSET
	•		· ·	AH II: 21 OF STATE FLORIDA
ETICLE IV SE	IARES of stock is:		(
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECT			
RTICLE V IN		Name and Title:		
Name and Ti	TITIAL OFFICERS AND/OR DIRECT tle: JUAN A CAICEDO, PRE 5487 W 22 CT	Name and Title:_ Address:		
Name and Ti	TITIAL OFFICERS AND/OR DIRECT tle: JUAN A CAICEDO, PRE 5487 W 22 CT HIALEAH FL 33016	Name and Title: Address: Name and Title:		
Name and Ti Address Name and Tit Address	TITIAL OFFICERS AND/OR DIRECT tle: JUAN A CAICEDO, PRE 5487 W 22 CT HIALEAH FL 33016	Name and Title: Address: Name and Title:_ Address: Address:		

- 清中野林福河のけんで

Name an	d Title:	Name and Title:		
Address		Address:		
		_		
	· · · · · · · · · · · · · · · · · · ·			
ARTICLE VI The name and Fi	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	******	
Name:	JUAN A CAICEDO		13 F SEC: ALLL	
Address:	5487 W 22 CT	_	AHETA AHAS	
•	HIALEAH FL 33016			
ARTICLE VII	INCORPORATOR		AMI: 2	
The <u>name and ac</u>	ddress of the Incorporator is:		A -	
Name:	JUAN A CAICEDO			
Address:	5487 W 22 CT			
	HIALEAH FL 33016	_		
Having been nar this certificate	ned as registered agent to accept service of proce any familiar with and accept the appointment as re	ss for the above stated corpora egistered agent and agree to ac	tion at the place designated in t in this capacity	
			01-30-2013	
	Required Signature/Registered Agent		Date	
I submit this foc document to ting	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the fai ony as provided for in s.817.155	se information submitted in a i, F.S.	
HAY	•		01-30-2013	
	Required Signature/Incorporator	 -	Date	