

P13000060271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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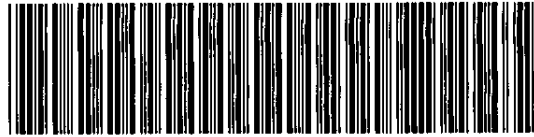
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: **HECTOR HOME CARPENTRY AND REPAIRS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **HECTOR VALVERDE**
Name (Printed or typed)
10275 SW 152ND ST
Address
MIAMI, FL 33157-1459
City, State & Zip
786-7974414
Daytime Telephone number
HEKTORL.VV@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

W13-38496



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

HECTOR VALVERDE
10275 SW 152ND ST
MIAMI, FL 33157-1459

SUBJECT: HECTOR HOME CARPENTRY AND REPAIRS INC
Ref. Number: W13000038496

We have received your document for HECTOR HOME CARPENTRY AND REPAIRS INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 013A00016637

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) *WV*

ARTICLE I NAME

The name of the corporation shall be: HECTOR HOME CARPENTRY AND REPAIRS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10275 SW 152ND ST

MIAMI, FL-33157-1459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CARPENTRY AND REMODELLING OF RESIDENTIAL AND COMMERCIAL PROPERTIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR VALVERDE PRESIDENT

Name and Title: _____

Address 10275 SW 152ND ST

Address: _____

MIAMI, FL 33157-1459

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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Name and Title: _____ Name and Title: 13 JUL 15 PM 1:09
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

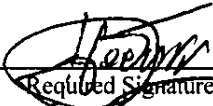
Name: HECTOR VALVERDE
Address: 10275 SW 152ND ST
MIAMI, FL 33157-1459

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: HECTOR VALVERDE
Address: 10275 SW 152ND ST
MIAMI, FL 33157-1459

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


Required Signature/Registered Agent 06/21/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator 06/21/13
Date