## P 13000001859

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SECRETARY OF STATE VISION OF CORPORATIONS

9 7/25/13

## **COVER LETTER**

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

SUBJ	ECT: J RO	OSSI INC	ATE NAME – MUST INCLI	upe checia)
Enclos	sed are an orig	inal and one (1) copy of the art	<del> </del>	-
	\$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  PPY REQUIRED
	FROM: J	ROSSI INC	(D) 1 1 1 1 1	
	82	220 SW 5TH CT	e (Printed or typed)	
	N	ORTH LAUDER	Address  DALE, FL 330  State & Zip	)68
		City,	, Diate & Zip	

786-879-2383

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

Daytime Telephone number

jrossiinc@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION FILED

SECRETARY OF STATE

DIVISION OF CORPORATIONS In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: J ROSSI INC 13 JUL 22 PM 1: 56 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 8220 SW 5TH CT N. LAUDERDALE, FL 33068 The purpose for which the corporation is organized is: Remodeling Services ARTICLE III PURPOSE ARTICLE IV SHARES
The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Jose L Rossi- President Name and Title: 8220 SW 5th Ct \_\_\_\_\_ Address: Address N. LAUDERDALE, FL 33068 Name and Title: Name and Title: Address \_\_\_\_\_ Address: Name and Title: \_\_\_\_\_\_\_Name and Title: Address \_\_\_\_\_\_ Address:

Name an	d Title:	Name and Title:	
Address		Address:	
		<u></u>	
		<u>-</u>	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	f the registered egent in	
Name:	Jose L Rossi	the registered agent is.	
Address:	8220 SW 5th Ct	-	
	N. Lauderdale, FL 33068	-	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Jose L Rossi	_	
Address:	8220 SW 5th Ct	_	
	N. Lauderdale, FL 33068	-	
Having been nan this certificate, I	ned as registered agent to accept service of process am familial with and accept the appointment as reg	for the above stated corp sistered agent and agree to	oration at the place designated in act in this capacity
			07/18/2013
	Required Signature/Registered Agent	<del> </del>	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
			07/18/2013
	Required Signature/Incorporator		Date

SECRETARY OF STATE DIVISION OF CORPORATIONS

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