

P13000071621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

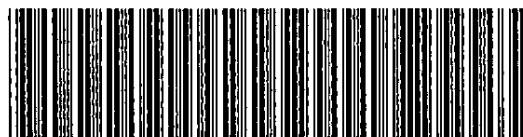
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/26/13--01014--006 **70.00

FILED
13 AUG 26 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/29/13

COVER LETTER

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

SUBJECT: Mascorro Construction 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: Jose A Mascorro

Name (Printed or typed)

PO Box 1384

Address

Eagle Lake FL 33839

City, State & Zip

863-661-5816

Daytime Telephone number

Tmastec1@gmail.com

E-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)

ARTICLE I NAME

The name of the corporation shall be: Mascorro Construction Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

115 Madera Drive

Winter Haven Fl 33880

Mailing address, if different is:

PO Box 1384

Eagle Lake Fl 33839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Initially for Construction Services

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose A Mascorro

Address: President

PO Box 1384

Eagle Lake Fl 33839

Name and Title: Maria Mascorro

Address: Secretary/Treasurer

PO Box 1384

Eagle Lake Fl 33839

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: FILED
Address: _____ Address: 13 AUG 26 AM 11:39

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:

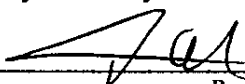
Name: Jose A Mascorro
Address: 115 Madera Drive
Winter Haven Fl 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose A Mascorro
Address: 115 Madera Drive
Winter Haven Fl 33880

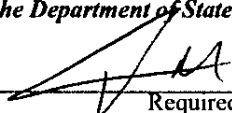
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/21/2013
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

8/21/2013
Date