

DEC/19/2013/THU 11:41 AM

12/19/13

FAX N.

P. 001

P13000100944

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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Fax Number : (850) 617-6381

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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F I L E D

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HALCON ROOFING INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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P. 002

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: HALCON ROOFING INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
12830 SW 12 STREET
MIAMI, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS

ARTICLE III-A EFFECTIVE DATE
JAN. 01, 2014

13 DEC 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEOVANI GONZALEZ (PSTD) Name and Title: _____
Address: 12380 SW 12 STREET Address: _____
MIAMI, FL 33184 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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P. 003

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: GEOVANI GONZALEZ
Address: 12380 SW 12 STREET
MIAMI, FL 33184

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GEOVANI GONZALEZ
Address: 12380 SW 12 STREET
MIAMI, FL 33184

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

12/17/2013

Date

Required Signature/Registered Agent

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.

12/17/2013

Date

Required Signature/Incorporator