

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
M. ESCARDA CONTRACTOR, INC.

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

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Corporate Filing Menu

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14 JAN 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 10 PM 4:45

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[Handwritten signature]

11/22/2031 07:00

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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#4948 P. 0021000

ARTICLE I NAME
The name of the corporation shall be: M. Escarda Contractor, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

11965 S.W. 142nd Terrace
#106
Miami, FL 33186

Mailing address, if different is:

9395 S.W. 66th Street
Miami, FL 33173

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: General Contracting Company.

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Manuel Escarda (P)</u>	Name and Title:	_____
Address	<u>9395 S.W. 66th Street</u>	Address:	_____
	<u>Miami, FL 33173</u>		_____

Name and Title:	<u>Manuel Escarda (SEC)</u>	Name and Title:	_____
Address	<u>9395 S.W. 66th Street</u>	Address:	_____
	<u>Miami, FL 33173</u>		_____

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

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(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: Manuel Escarda
Address: 9395 S.W. 66 Street
Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos de la Osa, C.P.A., PA.
Address: 267 Minorca Avenue #200
Coral Gables, FL 33134

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

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

Date

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