

P140000026739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

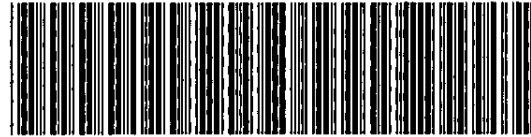
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



400257513774

03/10/14--01022--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 24 AM 11:31

Office Use Only

B 3/12/14
W1400015924

TB 3/26/14

COVER LETTER

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

SUBJECT: The Arvia Tile Carpenter Corp.
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Ricardo Arvia
Name (Printed or typed)

3582 West 80 St Apt 102
Address

Hiialeah, FL 33018
City, State & Zip

786-286-3271
Daytime Telephone number

Y1carbo3315@yahoo.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: The Arcia Tile Carpenter Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Ricardo Arcia
3582 W 80 St Apt 102
Hiabath, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction

ARTICLE IV SHARES

The number of shares of stock is: 100% 1:100 100 shares (\$1.00) per value each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo Garcia PD Name and Title: _____

Address: 3582 W 80 St Apt 102 Address: _____
Hiabath, FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 24 AM 11:31

(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: Ricardo Arua
Address: 3582 West 80th Apt 102
Hialeah, FL 33018

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ricardo Arua
Address: 3582 W 80th Apt 102
Hialeah, FL 33018

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

x [Signature]
Required Signature/Registered Agent

3/3/14
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.

x [Signature]
Required Signature/Incorporator

3/3/14
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 24 AM 11:31