

APR 22/2014/TUE 4:30 PM

FAX No.

P.001

Florida Department of State
Division of Corporations
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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
MIGHTY REMODELING & SERVICES, 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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FAX No.

P. 002

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DIVISION OF CORPORATIONS

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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: MIGHTY REMODELING & SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1067 NW 135TH CT
MIAMI, FL 33182

Mailing address, if different is:

1067 NW 135TH CT
MIAMI, FL 33182

ARTICLE III PURPOSE

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

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P)MARINEL MACHADO

Address: 1067 NW 135TH CT
MIAMI, FL 33182

Name and Title: (D) NELSON MACHADO

Address: 1067 NW 135TH CT
MIAMI, FL 33182

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: MARINEL MACHADO
Address: 1067 NW 135 TH CT
MIAMI, FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARINEL MACHADO
Address: 1067 NW 135 TH CT
MIAMI, FL 33182

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

04/22/2014

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

04/22/2014

Date