## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000097839 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

\*\*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 FERNANDEZ FLOORS FL, INC.

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

4/24/2014 12:14 PM

H140000978393

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

ARTICLE I NA! The name of the corpora	tion shall be: FERNANDEZ FLO	OORS FL,	INC.		
ARTICLE II PRI 540 NW 97TH	NCIPAL OPPICIE Principal <u>street</u> address I PLACE		Malling address, if different is:		
MIAMI, FL 33	3172				
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:				
	or activity for which corpo	oration may	be formed.	<del></del>	
		<u>.                                    </u>			
ARTICLE IV SHA	ARES stock is:	<del></del>		2814 APR	JIVIŠION BE
	PAGE LANDAR DIRECTOR	<u>R8</u>		$\sim$	70
Name and Title	Rosario Lopez, Director 540 NW 97TH PLACE	_ Name and Title	<u> </u>		20% 20%
Address	Mlami, FL 33172	_ Address:		PM 12:	1000 UNION
		<del>-</del>		<u> </u>	th II-
Name and Title		_ Name and Title	·		
Address		_ Address:		<del></del> -	
		<del>-</del> -			
Name and Title	·	_ Name and Title			
Address		_ Address:			
		<b>-</b>			

H14000097839 3

(cemi.)

Name and Title:		Nume and Title:
Addre		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Rosario Lopez	_
Address:	540 NW 97TH PLACE	_
	Miami, FL 33172	_
ADSCOLUE US	T INCORPORATOR	_
The <u>name and</u>	address of the incorporator is:	
Name	Rosario Lopez	-
Address:	540 NW 97TH PLACE	<u>.</u>
	Miami, FL 33172	- -
	amed as registered agent to accept service of proces Tign familiar with and accept the appointment as re	s for the above stated corporation at the place designated in
		4-23-14.
7	Required Signature Registered Agent	Date
		true. I am aware that the false information submitted in a
documentie th	to Department of State dansitutes a third degree felo.	
	fem Sily	4/23-14
	Required Signature Incorporator	Date