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Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PACIFIC SCAFFOLDS INC

Certificate of Status	0
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73476

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4/28/14

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(4)

COVER LETTER

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

SUBJECT: PACIFIC SCAFFOLDS INC
(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: JORGE A LOPEZ-ACCOUNTANT-ACCT#15432
Name (Printed or typed)

13701 SW 88 STREET SUITE 200A
Address

MIAMI FL 33186
City, State & Zip

305-388-8406
Daytime Telephone number

ACCOUNTINGFINANCIAL@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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04/25/2014 14:13 3056339596 CORPUSA PAGE 02/04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PACIFIC SCAFFOLDS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
6300 SW 138 PLACE
MIAMI FL 33183

Mailing address, if different is:
6300 SW 138 PLACE
MIAMI FL 33183

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THIS STATE.

ARTICLE IV SHARES 100 SHARES WITH A PAR VALUE OF $1.00 PER SHARE
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL ABAD-PRESIDENT
Address: 6300 SW 138 PLACE
MIAMI FL 33183

Name and Title: HAYDEE I ABAD-VP
Address: 6300 SW 138 PLACE
MIAMI FL 33183

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: SAMUEL ABAD

Address: 6300 SW 138 PLACE

MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMUEL ABAD

Address: 6300 SW 138 PLACE

MIAMI FL 33183

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 _____ 04/23/14

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.

x _____ 04/23/14

Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA