

PK4000039522

(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:

Office Use Only



000259801940

05/05/14--01021--017 \*\*87.50

FILED  
14 MAY -5 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 5/6

## COVER LETTER

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

SUBJECT: **PIREZ WINDOWS AND DOORS, 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: **PIREZ WINDOWS AND DOORS, INC**

Name (Printed or typed)

**4200 SW 98 CT**

Address

**MIAMI, FL. 33165**

City, State & Zip

**786-414-5436**

Daytime Telephone number

**OPIREZ@ATT.NET**

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: PIREZ WINDOWS AND DOOR, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4200 SW 98 CT

MIAMI, FL. 33165

Mailing address, if different is:

FILED  
14 MAY -5 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Installations, Repair, Sales, Constructions, etc.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Orlando Pirez (President)

Name and Title: \_\_\_\_\_

Address 4200 sw 98 ct

Address: \_\_\_\_\_

Miami, Fl, 33165

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Orlando Pirez  
Address: 4200 sw 98 ct  
Miami, Fl. 33165

FILED  
14 MAY -5 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Orlando Pirez  
Address: 4200 sw 98 ct  
Miami, fl. 33165

*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 Orlando Pirez*

Required Signature/Registered Agent

*4/28/14*  
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 Orlando Pirez*

Required Signature/Incorporator

*4/28/14*  
Date