

PN 1000039919

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.

(((H14000108424 3)))



H140001084243A6CY

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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
STATE
DIVISION OF CORPORATION
14 MAY -6 AM 11:32

FLORIDA PROFIT/NON PROFIT CORPORATION
JOEL'S STOCKING, INC.

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

RECEIVED
14 MAY -6 PM 3:21
ALL INFORMATION DATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

8714

H14000108424

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

ARTICLE I NAMEThe name of the corporation shall be: JOEL'S STOCKING, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address2036 NW 22ND AVEMIAMI, FL 33142

Mailing address, if different is:

2036 NW 22ND AVEMIAMI, FL 33142**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: STOCKING OF MATERIALS
AT CONSTRUCTION SITES**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ \$1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOEL GONZALEZ- PRESIDENTAddress: 2036 NW 22ND AVE
MIAMI, FL 33142

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 MAY -6 AM 11:38

RECEIVED BY THE
DIVISION OF CORPORATIONS

H14000108424

03/17/2032 04:10

#3867 P.003/003

H14000100424

(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: JOEL GONZALEZ
Address: 2036 NW 22ND AVE
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOEL GONZALEZ
Address: 2036 NW 22ND AVE
MIAMI, FL 33142

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

J Gonzalez
Required Signature/Registered Agent

05/06/14
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.

J Gonzalez
Required Signature/Incorporator

05/06/14
Date

H14000108424