PUOUDIYYAY

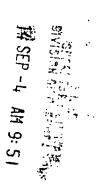
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

B 4400028567 8/4/4
B 99914



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05/01/14--01015--001 **78.75





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2014

JORGE L FERNANDEZ GUERRA 7805 SOCIAL CIRC, APT C TAMPA, FL 33614

SUBJECT: FERNANDEZ FERNANDEZ

Ref. Number: W14000028567

We have received your document for FERNANDEZ FERNANDEZ and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 714A00017393

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 14 AUG 11 SETE 08 SECRETALIANASSEET CONTRACT

SUBJECT:	Fernandez	Homes	Remodelir	ıg, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Jorge Fernande	Z e (Printed or typed)	Resenc
	7805 Social Cir	Address	
	Tampa FL	1001033	
****	•	State & Zip	and the second

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)

	INCIPAL OFFICE Principal street address	_	lailing address, i	f different is:
7805 Social		Same	.	, , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Tampa FL	33014		<u> </u>	
RTICLE III PU	RPOSE the composition is amonized in: To ope	rate as home	e repairs a	and to do eve
•	ing incidental or pertinent to			
foresaid pur	pose and in addition, to en	gage in any	business	or businesse
ermitted und	der the laws of the United	States and I	Florida.	
			** *	
RTICLE IV SE e number of shares of	IARES 1000			
e number of shares of	of stock is: TOOO ITIAL OFFICERS AND/OR DIRECTO	RS Nome and Title		A3S Fill
RTICLE V IN	of stock is:	Name and Title		# SEP -4
e number of shares of	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECTOR			FASEP-4 AM
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR TIAL OFFICERS AND/OR DIRECTOR TABLE TO THE TOTAL OF T	Name and Title		FF SEP -4 AM 9: 5
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR TIAL OFFICERS AND/OR DIRECTOR TABLE TO THE TOTAL OF T	Name and Title		in the
RTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR TO THE TOTAL OFFICERS AND/OR DIRECTOR T	Name and Title		9
RTTCLE V IN Name and Till Address	TTIAL OFFICERS AND/OR DIRECTOR TO THE TOTAL OFFICERS AND/OR DIRECTOR T	Name and Title		9
Name and Title Name and Title	TTIAL OFFICERS AND/OR DIRECTOR TO THE TOTAL OFFICERS AND/OR DIRECTOR T	Name and Title Address: Name and Title:		9
Name and Title Name and Title	TTIAL OFFICERS AND/OR DIRECTOR TO THE TOTAL OFFICERS AND/OR DIRECTOR T	Name and Title Address: Name and Title:		9
Name and Title Name and Title	TTIAL OFFICERS AND/OR DIRECTOR 7805 Social Cir - Apt C Tampa FL 33614	Name and Title Address: Name and Title; Address:		9

Name :	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Jorge Fernandez	_
Address:	7805 Social Cir - Apt C	
	Tampa FL 33614	SEF SEF
ARTICLE VI The name and Name: Address:	address of the Incorporator is: Jorge Fernandez 7805 Social Cir - Apt C Tampa FL 33614	AM 9: 51
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in rgistered agent and agree to act in this capacity 07/30/14
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
		07/30/14
	Required signature/Incorporator	Date