

P14000086226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

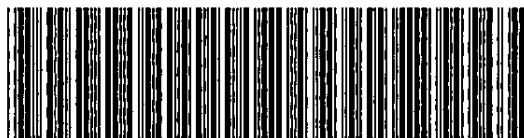
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400265523114

400265523114
10/20/14--01017--004 **78.75

OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

14 OCT 20 PM 2:42

FILED

OCT 23 2014

S. GILBERT

COVER LETTER

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

SUBJECT: Consul Construction Corporation

(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: Rodriguez, Alain Ramon

Name (Printed or typed)

815 N Homestead Blvd #410

Address

Homestead, FL 33030

City, State & Zip

305-799-9664

Daytime Telephone number

Rodriguez11912@gmail.com

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: Consul Construction Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

815 N Homestead Blvd #410

Homestead, FL 33030

Mailing address, if different is:

FILED
OCT 20 PM 2:42
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business.

Construction, construction contracting.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodriguez, Alain Ramon / President

Name and Title: _____

Address 815 N Homestead Blvd #410

Address: _____

Homestead, FL 33030

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Rodriguez, Alain Ramon

Address: 1900 Avenue H

Marathon, FL 33050

ARTICLE VII INCORPORATOR

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

Name: Rodriguez, Alain Ramon

Address: 815 N Homestead Blvd #410

Homestead, FL 33030

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

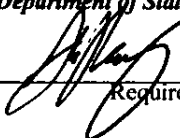


Required Signature/Registered Agent

10/13/2014

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.



Required Signature/Incorporator

10/13/2014

Date