

P14000086768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

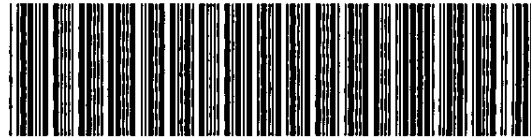
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/22/14--01001--025 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*g* 10/23/14

**COVER LETTER**

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

**SUBJECT: CLOPEZ REMODELING 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: CLOPEZ REMODELING INC**

Name (Printed or typed)

**121 NW 32ND CT**

Address

**MIAMI, FLORIDA 33125**

City, State & Zip

**305 303-1880**

Daytime Telephone number

**clopez202011@gmail.com**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **CLOPEZ REMODELING INC**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**121 NW 32ND CT**  
**MIAMI, FLORIDA 33125**

Mailing address, if different is:

**SAME**

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **CONTRUCTION, CONCRETE, ROOFING**  
**DRYWALL, FRAMING AND MAINTENANCE**

**ARTICLE IV SHARES 100**

The number of shares of stock is:

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

Name and Title: **CELSO LOPEZ**  
Address: **121 NW 32ND CT**  
**MIAMI, FL 33125**

Name and Title: **PRESIDENT**

Address:

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:

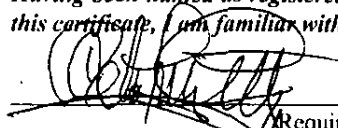
Name: CELSO LOPEZ  
Address: 121 NW 32ND CT  
MIAMI, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CELSO LOPEZ  
Address: 121 NW 32ND CT  
MIAMI, FL 33125

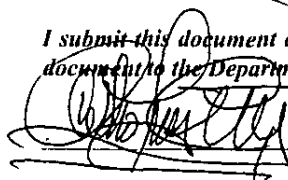
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/20/2014

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

10/20/2014

Date

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TALLAHASSEE, FLORIDA