

P150000037784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

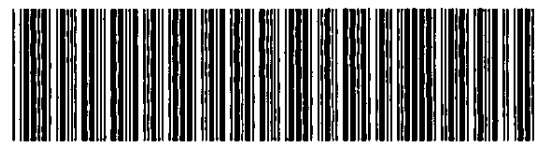
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/15--01010--009 **87.50

15 APR 23 AM 11:50
APPROPRIATE OFFICE

MD 4/28

COVER LETTER

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

SUBJECT: Arellano Brothers Framing Company
(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: Carlos Arellano-Ortiz
Name (Printed or typed)
10205 Lyons Ave
Address
Lithia, FL 33547
City, State & Zip
813-764-7768
Daytime Telephone number
arellanobrothers@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: Arellano Brothers Framing Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10205 Lyons Ave

Lithia, FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Arellano-Ortiz (President)

Name and Title: _____

Address 409 NW 27th Ave.

Address: _____

Cape Coral, FL 33993

Name and Title: Gabriel Arellano-Ortiz (Vice-President)

Name and Title: _____

Address 409 NW 27th Ave.

Address: _____

Cape Coral, FL 33993

Name and Title: Jaqueline Sanchez (Secretary)

Name and Title: _____

Address 10205 Lyons Ave.

Address: _____

Lithia, FL 33547

(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: Carlos Arellano-Ortiz

Address: 409 NW 27th Ave.

Cape Coral, FL 33993

15 APR 23 AM 11:50
JAN 20 2015 10:00 AM
JAN 20 2015 10:00 AM

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Arellano-Ortiz

Address: 409 NW 27th Ave.

Cape Coral, FL 33993

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

Carlos Arellano-Ortiz
Required Signature/Registered Agent

04/21/2015

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.

Carlos Arellano-Ortiz
Required Signature/Incorporator

04/21/2015

Date