

P 15000050191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

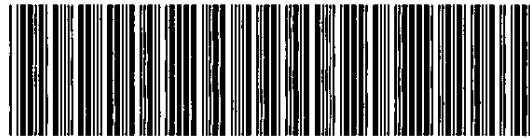
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/15--01015--007 **87.50

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15 JUN -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MD BUILDERS FLOORING DESIGN, 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: MARCEL DRAGOMIR
Name (Printed or typed)
7303 NORTH BLVD
Address
FORT PIERCE, FLORIDA, 34951
City, State & Zip
772-323-1211
Daytime Telephone number
helenserena@aol.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: MD BUILDERS FLOORING DESIGN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7303 NORTH BLVD, FORT PIERCE, FL 34951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FLOORING CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is: ~~80~~ 80

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCEL DRAGOMIR-PRESIDENT Name and Title: _____

Address 7303 NORTH BLVD Address: _____
FORT PIERCE, FL 34951

Name and Title: EDY AGUILAR-TREASURER Name and Title: _____

Address 3120 AIRPORT WEST DR Address: _____
VERO BEACH, FL 32960

Name and Title: MELVIN MUNIOS- SECRETARY Name and Title: _____

Address 3120 AIRPORT WEST DR Address: _____
VERO BEACH, FL 32960

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: HELEN SIGUENZA
 Address: 3120 AIRPORT WEST DR
 VERO BEACH, FL 32960

ARTICLE VII INCORPORATOR

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

Name: MARCEL DRAGOMIR
 Address: 7303 NORTH BLVD
 FORT PIERCE, FL 34951

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
 05/21/2015

 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.

 Required Signature/Incorporator
 05/21/2015

 Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN -8 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 29, 2015

MARCEL DRAGOMIR
7303 NORTH BLVD
FORT PIERCE, FL 34951

SUBJECT: MD BUILDERS FLOORING DESIGN
Ref. Number: W15000037973

We have received your document for MD BUILDERS FLOORING DESIGN and your check(s) totaling \$87.50. 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 REMOVE THE PERCENT SIGN FROM YOUR SHARES, WE ONLY REQUIRE A NUMBER

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 415A00011307

15 JUN -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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