Florida Department of State

Division of Corporations
Electronic Filing Corpor Sheet

Please pint ais pare and the it as mover select. The entire and a namber (show by by by the transfer and transfer of a pages of the comment

(((H15000193873 3)))



H150001938733ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor Fax Mumber		
	, av themper	. (650/017-0501	
From:			F 21 . 6.
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	>
a.	Account Number	•	6.0
******	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	- 14°5
	, ax 1,	. (303)073-32-4	Fr. 173
⊇ •Enter	the email addre	ess for this business entity to be used for	füture
ar	nual report mai	lings. Enter only one email address please.	## ##
		and the succession of the succ	

FLORIDA PROFIT/NON PROFIT CORPORATION STOP RAIN ROOFING INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H15000193873

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro#t)

· ·	· · ·	
ARTICLE I	NAME: The name of the corporation is:	
STOP RAIN	i ROOFING Inc	
ARTICI	LE II PRINCIPAL OFFICE;	
The principal	l street address and mailing address is:	
1260 SU	W 17 ST	
Midmi	FL 33145	
ARTICLE III SHARES:	The number of shares of stock is:	
:		
ARTICLE IV IN	VITIAL DIRECTORS AND/OR OFFICERS:	
HOGEL D	M GALVEZ GODINEZ-P	
	-21	
	<u> </u>	
ARTICLE V INITIAL I	REGISTERED AGENT AND STREET ADDRESS:)
	ddress (PO Box not acceptable) of the registered agent is:	***
Angel M	GALVEZ GODINIEZ 3	1
12100 911	17 CT	3
1200 SW	TL 33145	
TYTIGEN	L 33173	
	ATTOD. The same and address of the Incompanies.	
01	ORATOR: The name and address of the Incorporator is: 1 GALVEZ GODINEZ	
nogel P	1 CHLVE & GODINEZ	
12(0() SU	$\frac{\mathcal{O}}{2}$	
Minmi	+L 33145	

H15000193873

Required Signatures:

Having been named as registered agent to accept service of process for the above sta	ited
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	

Registered Agent

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.

#Incorporator

Date