

P 15000077755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

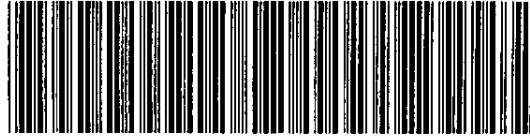
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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15 SEP 14 PM 1:31  
TREASURY OF STATE  
TALLAHASSEE, FLORIDA

ga  
9/22/15

## COVER LETTER

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

SUBJECT: Know - A - Fence, 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: Mario L Gomez  
Name (Printed or typed)

514 23rd Ave N  
Address

Lake Worth, FL 33460  
City, State & Zip

561-891-2417  
Daytime Telephone number

mario0628184@gmail.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**NOTE: Please provide the original and one copy of the articles.**

EFFECTIVE DATE 09/11/15

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: Know-A-Fence, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

514 23rd Ave N

Lake Worth, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: fence repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Mario L. Gomez / President

Name and Title:

Address

514 23rd Ave N

Address:

Lake Worth, FL 33460

Name and Title:

Jorge L. Calderin / Vice President

Name and Title:

Address

514 23rd Ave N

Address:

Lake Worth, FL 33460

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: Marid L. Gomez  
Address: 514 23rd Ave N  
Lake Worth, FL 33460

**ARTICLE VII INCORPORATOR**

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

Name: Marid L. Gomez  
Address: 514 23rd Ave N  
Lake Worth, FL 33460

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

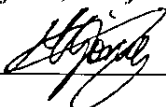
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/11/15 (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.)

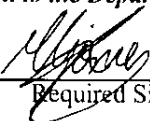
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

9/11/15  
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

9/11/15  
Date