

OCT/02/2015/FRI 01:15

10/2/2015

Division of Corporations

P. 001

**Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
JOSLU REMODELING INC**

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

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FAX No.

P. 002

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: JOSLU REMODELING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1700 NW 170 TERR

MIAMI GARDENS, FL 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE LUIS RAMIREZ (P/S/D)

Name and Title:

Address

1700 NW 170 TERR

Address:

MIAMI GARDENS, FL 33056

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: JOSE LUIS RAMIREZ
Address: 1700 NW 170 TERR
MIAMI GARDENS, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE LUIS RAMIREZ
Address: 1700 NW 170 TERR
MIAMI GARDENS, FL 33056


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

Oct. 01, 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

Oct. 01, 2015

Date