

JAN/11/2016/MON 10:47 AM

FAX No.

P. 001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000007681 3)))



H160000076813ABC\$

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUNCOAST ELEVATOR COMPANY, INC.**

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

JAN 11 2016
S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

JAN/11/2016/MON 10:47 AM

FAX No.

P. 002

FILED

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

16 JAN 11 PM 1:30

ARTICLE I NAME

The name of the corporation shall be: SUNCOAST ELEVATOR COMPANY, INC.

THE STATE OF
FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

7238 NW 70 STREET

MIAMI, FL 33166

Mailing address, if different is:

17382 SW 33 STREET

MIRAMAR, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS R. JIMENEZ (P/D)

Name and Title: _____

Address 7238 NW 70 STREET

Address: _____

MIAMI, FL 33166

Name and Title: JUDITH GODINEZ (S/D)

Name and Title: _____

Address 7238 NW 70 STREET

Address: _____

MIAMI, FL 33166

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LUIS R. JIMENEZAddress: 7238 NW 70 STREETMIAMI, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS R. JIMENEZAddress: 7238 NW 70 STREETMIAMI, FL 33166**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

JAN 07, 2016

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

JAN 07, 2016

Date