

12/17/2033

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*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  
BIG O ROOFING AND CONSTRUCTION, INC.**

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

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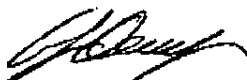
1/1

To Whom It May Concern:

I am the Manager of Big O Roofing and Construction, LLC.

By way of this letter, I would like to inform you that I would also like to open a corporation named, Big O Roofing and Construction, Inc.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alejandro Ondarza', written in a cursive style.

Alejandro Ondarza

H16000030940

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Big O Roofing and Construction, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8885 Okeechobee Blvd

Apt 304

West Palm Beach, FL 33411

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President

Alejandro J Ondarza

8885 Okeechobee Blvd

Apt 304

West Palm Beach, FL 33411

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alejandro J Ondarza

8885 Okeechobee Blvd, #304

West Palm Beach, FL 33411

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Alejandro J Ondarza

8885 Okeechobee Blvd, #304

West Palm Beach, FL 33411

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

2/3/2016  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

2/3/2016  
\_\_\_\_\_  
Date

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