## P10001548

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

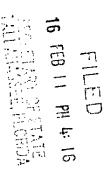
Office Use Only

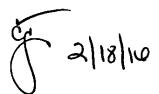
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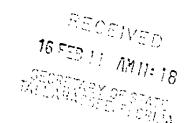
## COVER LETTER

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

Profes	sional Custom Works, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
closed are an ori	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		<u> </u>	
FROM: _	Adriana B. Echavarria	ne (Printed or typed)	
FROM: _		ne (Printed or typed)	
FROM:	Nam	• • • •	
FROM:	Nam 4801 S. University Drive, Suite 2  Davie, Florida 33328	43	

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





January 11, 2016

JOSE ECHAVARRIA 4801 S. UNIVERSITY DRIVE SUITE 243 DAVIE, FL 33328

SUBJECT: NOLA REMODELING, INC.

Ref. Number: W16000001577

We have received your document for NOLA REMODELING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 416A00000656

FILED

16 FEB II PH 4: 16

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

	Professional Custom Wo	orks, Inc.
The name of the co	orporation shall be:	16 FEB 11 PH 4:
ARTICLE II P	PRINCIPAL OFFICE	
	Principal <u>street</u> address	Mailing address, if different is: FIS TATE ALLS A FE FE COR
4801 S. Univers	sity Drive. Suite 243	2060 Trinity Drive
Davie, Florida 3	333328	Mandeville, LA 70448
ARTICLE III P The purpose for w	high the composition is argonized is:	d all Lawful business
	•	
	# V	
ARTICLE IV S	SHARES 500	
The number of sha		
ADDICATE II	NUMBER A PRINCIPAL A MANAGE DE PROTECTIONS	
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTORS  Jose A. Echavarria / President	Adriana B. Echavarria / Vice Presiden
Name an	d Title: 4801 S. University Drive. Suite 243	Name and Title:  4801 S. University Drive. Suite 243
Address		Address:
	Davie, FL 33328	Davie, FL 33328
Name and	l Title:	Name and Title:
Address		Address:
Name and	l Title:	Name and Title:
Address		Address:
Address		/ Mulicos.

Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) Adriana B. Echavarria	of the registered agent is:
Name: Address:	4801 S. University Drive. Suite 243	
Addiess.	Davie, FL 33328	
ARTICLE VII	INCORPORATOR	16 FB F
The name and ad	ldress of the Incorporator is:	
Name:	Adriana B. Echavarria	
Address:	4801 S. University Drive. Suite 243	
	Davie, FL 33328	
Effective date, if		(OPTIONAL) not be more than five business days prior or 90 business
	inserted in this block does not meet the applicab ffective date on the Department of State's record	ele statutory filing requirements, this date will not be listed as s.
	um familiar with and accept the appointment as i	
+	Adrica Echauley.  Required Signature/Registered Agent	02-02-16
	Required Signature/Registered Agent	D2-07-16 Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a only as provided for in s.817.155, F.S.
	Idriana Ichaunia.	0 z - 0
Kequii	red Signature/incorporator '	Date