

P16000015648

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16 FEB 11 PM 4:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2/18/16

## COVER LETTER

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

**SUBJECT:** Professional Custom Works, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Adriana B. Echavarria  
\_\_\_\_\_  
Name (Printed or typed)  
4801 S. University Drive, Suite 243  
\_\_\_\_\_  
Address  
Davie, Florida 33328  
\_\_\_\_\_  
City, State & Zip  
954 - 558 - 4355  
\_\_\_\_\_  
Daytime Telephone number  
joseangele@icloud.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

16 FEB 11 PM 4:16

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 FEB 11 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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16 FEB 11 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

Professional Custom Works, Inc.

The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4801 S. University Drive, Suite 243

2060 Trinity Drive

Davie, Florida 33328

Mandeville, LA 70448

**ARTICLE III PURPOSE**

any and all Lawful business

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

500

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jose A. Echavarria / President

Name and Title: Adriana B. Echavarria / Vice President

Address 4801 S. University Drive, Suite 243

Address: 4801 S. University Drive, Suite 243

Davie, FL 33328

Davie, FL 33328

Name and Title:

Name and Title:

Address

Address:

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: \_\_\_\_\_  
Adriana B. Echavarria

Address: \_\_\_\_\_  
4801 S. University Drive, Suite 243

\_\_\_\_\_  
Davie, FL 33328

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
Adriana B. Echavarria

Address: \_\_\_\_\_  
4801 S. University Drive, Suite 243

\_\_\_\_\_  
Davie, FL 33328

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TALLAHASSEE, FLORIDA

**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*

Adriana Echavarria

Required Signature/Registered Agent

02-02-16

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.*

Adriana Echavarria

Required Signature/Incorporator

02-02-16

Date