

P16000018677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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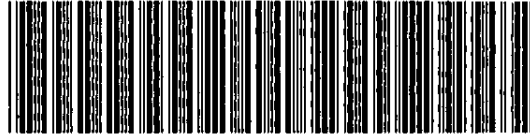
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/16--01038--011 **78.75

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16 FEB 22 PM 1:54
CLERK OF THE STATE
COURT ALABAMA

3/1/16

COVER LETTER

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

SUBJECT: CERO LEAK 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: YADEL RODRIGUEZ
Name (Printed or typed)

19544 SW 119th PL
Address

MIAMI, FL 33177
City, State & Zip

(305) 775-0390
Daytime Telephone number

CEROLEAK@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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

16 FEB 22 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CERO LEAK INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19544 SW 119th PL

MIAMI, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ORGANIZE THE INCOME,
EXPENSES, AND ALL ACTIVITIES RELATED TO PLUMBING
SERVICES PROVIDED.

ARTICLE IV SHARES

The number of shares of stock is: 10 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YADEL RODRIGUEZ / PRESIDENT

Name and Title: JESSICA SOARRAS / SECRETARY

Address 19544 SW 119th PL
MIAMI, FL 33177

Address: 19544 SW 119th PL
MIAMI, FL 33177

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: JUAN C. SOCARRAS

Address: 19544 SW 119th PL

MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YADEL RODRIGUEZ

Address: 19544 SW 119th PL

MIAMI, FL 33177

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

02/17/2016
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

02/17/2016
Date