

P16000019774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

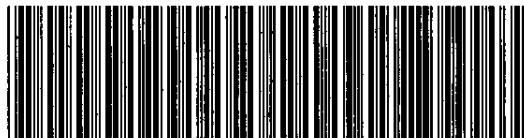
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400282230694

02/22/16--01032--016 **70.00

EFFECTIVE DATE

2-18-16

FILED
2016 FEB 22 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ACCURACY CARPENTRY CORP

(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: LAWRENCE G HERRERO-PROFESSIONAL BUSINESS ACCOUNTING INC

Name (Printed or typed)

312A SW 12 AVENUE

Address

MIAMI, FL. 33130

City, State & Zip

305-642-3679

Daytime Telephone number

VAMEAN@AOL.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ACCURACY CARPENTRY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
5970 SW 2nd TERRACE

MIAMI, FL. 33144

Mailing address, if different is:
5970 SW 2nd TERRACE

MIAMI, FL. 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

EFFECTIVE DATE

2-18-16

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CIRO NAVA P/T/S/D

Address: 5970 SW 2nd TERRACE
MIAMI, FL. 33144

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: CIRA NAVA _____

Address: 5970 SW 2nd TERRACE _____

MIAMI, FL. 33144 _____

ARTICLE VII INCORPORATOR

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

Name: CIRO NAVA _____

Address: 5970 SW 2nd TERRACE _____

MIAMI, FL. 33144 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEB 18, 2016 _____ (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

Ciro Nava

Required Signature/Registered Agent

FEB 18, 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.

Ciro Nava

Required Signature/Incorporator

FEB 18, 2016

Date