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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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16 MAR 15 PM 1:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

5/23/14

COVER LETTER

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

SUBJECT: Rozo Property Maintenance 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: Rozo Property Maintenance Inc.
Name (Printed or typed)
1713 SE 29th Lane
Address
Cape Coral, FL 33904
City, State & Zip
239 878 0432
Daytime Telephone number
jairorf05@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
MAR 15 2004

16 MAR 15 PM 1:44

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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)

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ARTICLE I NAME

The name of the corporation shall be: Rozo Property Maintenance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1713 SE 29th Lane

Cape Coral, FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general nature of the business to be transacted by this Corporation
is any and all business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jairo A Rozo President

Name and Title: _____

Address 1713 SE 29th Lane

Address: _____

Cape Coral, FL 33904

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: Jairo A Roza
Address: 1713 SE 29th Lane
Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francisco Valle
Address: 1602 NW 7th Pl
Cape Coral, FL 33993

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

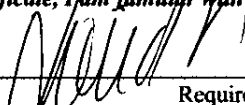
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

03/07/2016
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

03/07/2016
Date