

APR/19/2016/TUE 01:54 PM

4/19/2016

Division of Corporations

P. 001

P16000034877

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
WELKIN CONCRETE CORP**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, ABRAHAM ESPINOZA who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of .. WELKIN CONCRETE CORP a Florida corporation, filed with the Florida Department of State on MAY 16, 2014.
2. The undersigned hereby consents to and authorizes the use of the name WELKIN CONCRETE CORP.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.


FURTHER AFFIANT SAYETH NAUGHT.

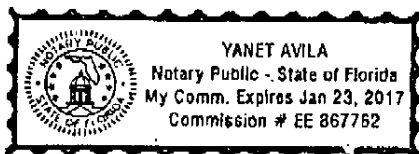

ABRAHAM ESPINOZA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, ABRAHAM ESPINOZA who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 19th day of APRIL, 2016.


Notary Public



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FAX No.

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: WELKIN CONCRETE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

101 NW 21 AVE

MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ABRAHAM ESPINOZA (P)

Name and Title: _____

Address 101 NW 21 AVE

Address: _____

MIAMI, FL 33125

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FAX No.

P. 003

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: ABRAHAM ESPINOZA
Address: 101 NW 21 AVE
MIAMI, FL 33125

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABRAHAM ESPINOZA
Address: 101 NW 21 AVE
MIAMI, FL 33125

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

Abraham Espinoza
Required Signature/Registered Agent

04/19/2016
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.

Abraham Espinoza
Required Signature/Incorporator

04/19/2016
Date