

P16000043127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

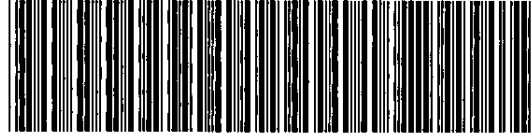
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAY 12 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-18-15  
2

**COVER LETTER**

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

**SUBJECT:** PADRON REMODELING SERVICES 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 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:** PADRON REMODELING SERVICES  
Name (Printed or typed)

9747 SW 92 TER  
Address

MIAMI FL 33176  
City, State & Zip

786 488 0840  
Daytime Telephone number

SILVIOPADRON@YAHOO.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** PADRON REMODELING SERVICES CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9747 SW 92 TER

MIAMI FLORIDA 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ALL LEGAL AND TRADE BUSSINES

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STATEMENT OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES** 1.00 X100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: SILVIO A PADRON PRES. Name and Title: \_\_\_\_\_

Address 9747 SW 92 TER Address: \_\_\_\_\_

MIAMI FLORIDA 33176

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: SILVIO A PADRON  
 Address: 9747 SW 92 TER  
MIAMI FLORIDA 33176

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: SILVIO A PADRON  
 Address: 9747 SW 92 TER  
MIAMI FLORIDA 33176

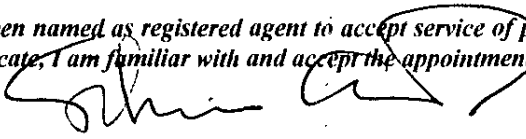
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/23/2016. (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*

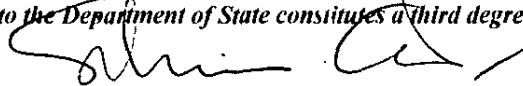


03/23/2016

Required Signature/Registered Agent

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.*



03/23/2016

Required Signature/Incorporator

Date