





ARTICLES OF INCORPORATION

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

16 of 20

FILED

16 JUN -8 PM 3:18

ARTICLE I NAME

The name of the corporation shall be: VALIDO REMODELING GROUP CORP

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19330 SW 220TH STREET

MIAMI, FL. 33170

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS VALIDO CHAVEZ-P

Name and Title: \_\_\_\_\_

Address 19330 SW 220TH ST

Address: \_\_\_\_\_

MIAMI, FL. 33170

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: SECRETARY OF STATE  
 \_\_\_\_\_ TALLAHASSEE FLORIDA  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLOS VALIDO CHAVEZ  
 Address: 19330 SW 220TH ST  
 MIAMI, FL. 33170

**ARTICLE VII INCORPORATOR**

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

Name: CARLOS VALIDO CHAVEZ  
 Address: 19330 SW 220TH ST  
 MIAMI, FL. 33170


**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*

X  \_\_\_\_\_ 05/19/2016  
 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.*

X  \_\_\_\_\_ 05/19/2016  
 Required Signature/Incorporator Date