

P 16000050967

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

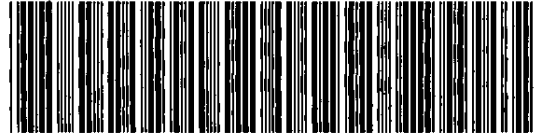
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

**SUBJECT:** VALIDO REMODELING GROUP 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:** CARLOS VALIDO CHAVEZ  
Name (Printed or typed)  
19330 SW 220TH STREET  
Address  
MIAMI, FL 33170  
City, State & Zip  
305-731-1874  
Daytime Telephone number  
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. 06 JUN -8 PM 3: 18

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**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

19330 SW 220TH STREET

MIAMI, FL. 33170

Mailing address, if different is:

**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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16 JUN -8 PM 3: 18

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*

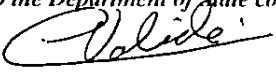
X 

Required Signature/Registered Agent

05/19/2016

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.*

X 

Required Signature/Incorporator

05/19/2016

Date