

P/6000072762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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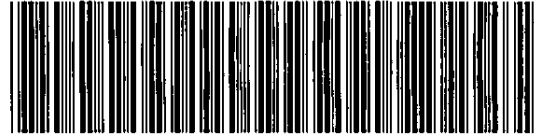
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG 29 AM 11:06

EFFECTIVE DATE 08/31/16

09/07/16

## COVER LETTER

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

**SUBJECT:** PROGRESSIVE GENERAL MAINTANANCE, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Nilda Correa  
Name (Printed or typed)  
6395 S.W.120 AVE  
Address  
Miami, Florida 33183  
City, State & Zip  
786-246-7546  
Daytime Telephone number  
Nilda.Correa@crowley.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

The name of the corporation shall be: Progressive General Maintenance, inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6395 S.W. 120 AVE

Miami, Florida 33183

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Maintenance

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### ARTICLE IV SHARES

The number of shares of stock is: 1000 @ .001

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nilda Correa President

Name and Title: Fernando L Correa V. President

Address 6395 S.W. 120 AVE

Address: 6395 S.W. 120 AVE

Miami Florida 33183

Miami Florida 33183

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: Nilda Correa  
Address: 6395 S.W. 120 AVE  
Miami Florida 33183

**ARTICLE VII INCORPORATOR**

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

Name: Nilda Correa  
Address: 6395 S.W. 120 AVE  
Miami Florida 33183

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/31/2016 (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*

Nilda Correa 08/23/2016  
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.*

Nilda Correa 08/23/2016  
Required Signature/Incorporator Date