

P16000079419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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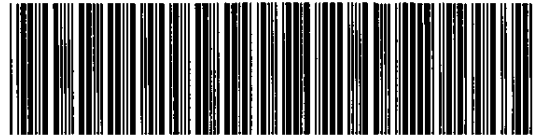
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/16--01025--005 **70.00

SEP 20 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/1 9/20/16

COVER LETTER

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

SUBJECT: REMODELING NERAM, 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: AMALIA E REGALADO

Name (Printed or typed)

8218 SW 163 PLACE

Address

MIAMI, FL 33193

City, State & Zip

305-600-6546

Daytime Telephone number

AMALIA_ARGENTINA@YAHOO.ES

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

REMODELING NERAM, CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
8218 SW 163 PLACE
MIAMI, FL 33193

Mailing address, if different is: _____

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

100
The number of shares of stock is: _____

16 SEP 20 AM 10:10
STATE OF FLORIDA
TALLAHASSEE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMALIA E REGALADO

Name and Title: PRESIDENT

Address 8218 SW 163 PLACE
MIAMI, FL 33193

Address: _____

Name and Title: NELSON F REGALADO

Name and Title: VICE-PRESIDENT

Address 16275 SW 81 STREET
MIAMI, FL 33193

Address: _____

Name and Title: JOSE M GONZALEZ

Name and Title: TREASURER

Address 8218 SW 163 PLACE
MIAMI, FL 33193

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: AMALIA E REGALADO
Address: 8218 SW 163 PLACE
MIAMI FL 33193

16 SEP 20 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: AMALIA E REGALADO
Address: 8218 SW 163 PLACE
MIAMI FL 33193

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

Required Signature/Registered Agent

09/16/2016
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.

Required Signature/Incorporator

09/16/2016
Date