

P 170000005472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

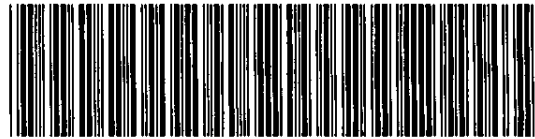
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JAN 18 PM 4:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
JAN 20 2017

COVER LETTER

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

SUBJECT: EN LA ROCA GENERAL SERVICES, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JAMES GONZALEZ
Name (Printed or typed)
3650 NW 82ND AVE SUITE 404
Address
DORAL, FL 33166
City, State & Zip
3054063800
Daytime Telephone number
ATPLUS@LIVE.COM
E-mail address: (to be used for future annual report notification)

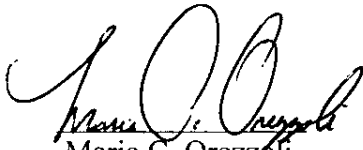
NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared Maria C. Orezzaoli, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of EN LA ROCA GENERAL SERVICES INC., a Florida corporation to be filed with the Florida Department of State on or about JANUARY 9, 2017.
2. The undersigned hereby consents to and authorizes the use by EN LA ROCA GENERAL SERVICES INC. of the name EN LA ROCA GENERAL SERVICES INC.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

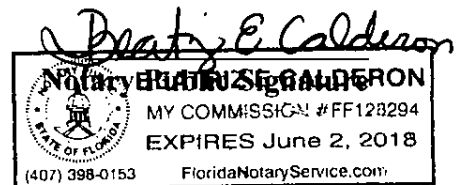
FURTHER AFFIANT SAYETH NAUGHT.


Maria C. Orezzaoli

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Maria C. Orezzaoli, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 9TH day of JANUARY , 2017



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: EN LA ROCA GENERAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

27531 SW 138TH AVE

HOMESTEAD, FL 33032

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA C. OREZZOLI PRESIDENT

Address: 27531 SW 138TH AVE

HOMESTEAD, FL 33032

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: 2017 JAN 18 PM 4:56
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: MARIA C. OREZZOLI
Address: 27531 SW 138TH AVE
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

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

Name: MARIA C. OREZZOLI
Address: 27531 SW 138TH AVE
HOMESTEAD, FL 33032

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 days prior or 90 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 1/9/2017
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 1/9/2017
Date