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EFFECTIVE DATE 0/17/17

× 01/23/17

COVER LETTER

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

SUBJECT: HOMAF	R ZARAZUA CONSTRUCTION, I	NC.	
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM;	MAR ZARAZUA Nam	e (Printed or typed)	
331	48 MULBERRY ROAD		
		Address	
DA	DE CITY, FL. 33523		
	City	, State & Zip	
352	-807-0317		
	Daytime	Felephone number	
	E-mail address: (to be use	ed 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 corporat	ion shall be:	ONSTRUCTION, INC.		
ARTICLE II PRINC	RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
33148 MULBERRY RO	OAD	Carrier de la companya de la company		
DADE CITY, FL. 335	23			
ARTICLE III PURPO. The purpose for which the	<u>PROF</u> he corporation is organized is:	ESSIONAL CORPORATION		
			17 July 2	
ARTICLE IV SHARI The number of shares of ARTICLE V INITIA		os	AN IO: I L SEE FLORIDA	
	HOMAR ZARAZUA	Name and Title:		
Address	33148 MULBERRY ROAD	Address:		
	DADE CITY, FL. 33523			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name ar	d Title:	Name and Title:			
Address	·	Address:			
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	HOMAR ZARAZUA				
Address:	33148 MULBERRY ROAD				
	DADE CITY, FL. 33523				
ARTICLE VII	<u>INCORPORATOR</u>		SPUR SPUR Pr 21		
The <u>name and a</u>	ddress of the Incorporator is:		JAN 20 NE IART		
Name:	HOMAR ZARAZUA		V 20 AM		
Address:	33148 MULBERRY ROAD				
	DADE CITY, FL. 33523		AM IO: 14 COF STATE		
Effective date, if (If an effective of filing.) Note: If the date	**EFFECTIVE DATE: 01/17/2017 Tother than the date of filing: 01/17/2017 Idate is listed, the date must be specific and one inserted in this block does not meet the application of the Department of State's recommendation.	cable statutory filing requiremen	prior or 90 days after the		
	med as registered agent to accept service of p am familiar with and accept the appointment				
Homor	Zcut a Zu a Required Signature/Registered Ager	at	01-18-17 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.					
Homo	+ Zoha Zua		01-18-17 Date		