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## FLORIDA PROFIT/NON PROFIT CORPORATION

## etrarchitectural workshop inc

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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N. SAMS

JAN 24 2017

ARTICLE I NAME: The name of the corporation is ALLAHASSIL FLORIZA  ETR ARCHITECTURAL WORKSHOP INC  ARTICLE II PRINCIPAL OFFICE:  The principal street address and mailing address is:  717 PONCE DE LEON BLUD.  SUITE 319  CORAL GABLES, FL., 33134  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  FEICH TOPRES - P  ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES  TIT PONCE DE LEON OND SUITE 319  OTAL GABLES FL 33134	ARTICLES OF INCORPORATION 17
ARTICLE I NAME: The name of the corporation is ALAMAN FLORINA  ETTE ARCHITECTURAL WORKSHOP INC  ARTICLE II PRINCIPAL OFFICE:  The principal street address and mailing address is:  717 PONCE DE LEON BLUD.  SUITE 310  CORAL GABLES, FL., 33134  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  EPICK TOPPES - P  ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES  717 PONCE DE LEON OND SUITE 319  OTOL GABLES FL 33134	In compliance with Chapter 607 (Profit)  17 JAN 23 PM 11: 51
ARTICLE II PRINCIPAL WORKSHOP INC  ARTICLE II PRINCIPAL OFFICE:  The principal street address and mailing address is:  717 PONCE DE LEON BLUD.  SUITE 319  CORAL GABLES, FL., 33134  ARTICLE III SHARES; The number of shares of stock is:  IOO  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  EDICK TORRES - P  ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES  717 PONCE DE LEON BIND SUITE 319  OFAL GABLES FL 33134	ARTICLE 1 NAME: The name of the corporation is FALLAHASSEE, FLORIDA
The principal street address and mailing address is:	• ·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: ERICK TORRES	ARTICLE II PRINCIPAL OFFICE:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  EDICK TOPPES - P  ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES 717 Ponce De Leon OND Suite 319  Oral Gables FL 33134	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  EDICK TORRES - P  ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES 717 Ponce De Leon BND Suite 319  Oral Gables FL 33134	SUITE 319
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  EDICK TOP DES - P  ARTICLEV INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES 717 PONCE DE LEON BIVD Suite 319  Oral Gables FL 33134	COPAL GABLES, FL., 33134
ARTICLEY INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: ERICK TORRES 717 PONCE DE LEON OND Suite 319 ODIOL GABLES FL 33134	ARTICLE III SHARES: The number of shares of stock is:
The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES  717 PONCE DE LEON BIND SUITE 319  ODTAL GABLES FL 33134	
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ERICK TORRES 717 Ponce De Lean BIND Suite 319 Obral Gables FL 33134	
Obral Gables FL 33134	The name and Florida street address (PO Box not acceptable) of the registered agent is:  ERICK TORRES
(bral Gables FL 33134	717 Ponce De Leon BIVD Suite 319
	(Dral Gables FL 33134
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
717 PONCE de Lenn Blvd. Suite 319	717 Proce do Loro Blid Suite 319
Coral GABLES FL 33137	

H17000021229

## Required Signatures:

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

Registered Agent

1 23 17

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 proyided for in s.817.155, F.S.

Incorporator

Date