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ddress)				
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ty/State/Zip/Phone	#)			
☐ WAIT	MAIL			
(Business Entity Name)				
acument Number				
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Certificates	of Status			
Special Instructions to Filing Officer:				
	ddress) ty/State/Zip/Phone WAIT usiness Entity Name coument Number) Certificates			

Office Use Only

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C. GOLDEN JAN 2 4 2017

COVER LETTER

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

UBJECT: W.G	G. CONSTRUCTION & INSTALLATION	N INC	
CDGECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
iclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:
■ \$70.0 Filing Fe	•	□ \$78.75 Filing Fee & Certified Copy Certified Copy Certificat Status	
		ADDITIONAL COPY REQUI	
FROM:		(Printed or typed)	
	A	Address	
	MIAMI FLORIDA 33183		
	City,	State & Zip	<u></u>
	305 595-2407		25.
	Daytime To	elephone number	:
	MARIAQUIROS9@HOTMAIL.COM		**************************************
	E-mail address: (to be used	for future annual report i	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILLED 2017 JAN 24 PM 2: 50

June 9, 2016

MARIA E RUIZ 7750 SW 117TH AVENUE SUITE 201D MIAMI, FL 33183

SUBJECT: W.G. CONSTRUCTION & INSTALLATION INC

Ref. Number: W16000042356

We have received your document for W.G. CONSTRUCTION & INSTALLATION INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 716A00012205

Jan 17, 2017

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

Re: p14000018881

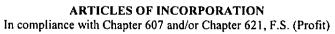
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincoro

Ernesto Prado



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3		2	١.	413	, The		

ARTICLE 1 NAME The name of the corporati	on shall be: W.G. CONSTRUCTION	N & INSTALLATION INC	2017 JAN 29 PN 29 5
ARTICLE II PRINCI	PAL OFFICE Principal <u>street</u> address	Mailing addre <u>7750 SW 117</u> TH AVE	SCO TALL / 1990 ss, if different is: SUITE 201D
MIAMI FLORIDA 3318	7	MIAMI FLORIDA 33	183
ARTICLE III PURPO. The purpose for which th	e corporation is organized is:	AND ALL LEGAL BUSINESS	
ARTICLE V INITIA	tock is:		
	5312 SW 177 TERRACE	Name and Title: Address:	
Address	MIAMI FLORIDA 33187	Address:	
Name and Title:		Name and Title:	
Address		Address:	
		Name and Title:	
Address		Address:	<u> </u>

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT accept ERNESTO PRADA	able) of the registered agent is:	
Name:			
Address:	15312 SW 177 TERRACE		
	MIAMI FLORIDA 33187		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	ERNESTO PRADO		
Address:	15312 SW 177 TERRACE		~ O
	MIAMI FLORIDA 33187		
	EFFECTIVE DATE:	(OPTIONAL)	
	f other than the date of filing:	cannot be more than five days prior	or 90 days after the
filing.)			
	e inserted in this block does not meet the app effective date on the Department of State's re		s date will not be listed as
	Common and Super anions of State 3 N	voids.	
	med as registered agent to accept service of		
inis certificule	I am Jamiliar with and accept the appointmen	it as registerea agent and agree to act in	this capacity
* 9	P. i. l.S. i. i. i.		1/17/17
/\	Required Signature/Registered Ag		/ Date
I submit this do document to the	current and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the false ee felony as provided for in s.817.155. F	information submitted in a .S.
	De	, , , , , , , , , , , , , , , , , , , ,	1. 4.
Requ	uired Signature/Incorporator		///)//) Date
	/ I		