

PN 000018531

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000056387 3)))



H170000563873ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DOCTOR STUCCO INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 FEB 28 PM 4:43

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

17 FEB 28 AM 11:18
FILING
AND
RECORDS
SECTION

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

MAR 01 2017

T. SCOTT

H17000056387

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Doctor Stucco Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

17316 NW 62 PLHialeah, FL 33015**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Rodolfo Navarro, -P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

RODOLFO NAVARRO17316 NW 62 PLHialeah FL 33015**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:RODOLFO NAVARRO17316 NW 62 PLHialeah FL 33015

H17000056387

17 FEB 28 AM 11:18
STATE
OF FLORIDA

FILED

02/28/2017 16:36

3052201440

LAZARUS

PAGE 03/03

H17000053387

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

2/28/17

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.



Incorporator

2/28/17

Date

H17000053387