

**Pfizer 35312**

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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**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)220-1440

**\*\*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 COMA REYES FLOORING INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON  
APR 18 2017

17 APR 18 PM 5:01

FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATE  
INFORMATION SERVICES

17 APR 18 PM 1:39

SECRET  
STATE  
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4-17-17

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of COMA REYES FLOORING INCORPORATED of Doc # P13000063583 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

CESAR MARTINEZ (President)

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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: COMA REYES FLOORING INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

24 E 13 STREET

HIALEAH, FL 33010

TAX ID: 46-3383542

Mailing address, if different is:

C/O 312A SW 12 AVENUE

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CESAR MARTINEZ PRESIDENT

Address: 24 E 13 TH STREET

HIALEAH, FL 33010

Name and Title: JUAN MONCADA VICE-PRESIDENT

Address: 24 E. 13TH STREET

HIALEAH, FL. 33010

Name and Title: RUDY REYES SECRETARY

Address: 24 E 13 TH STREET

HIALEAH, FL. 33010

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PAGE 04/04

04/13/2017 11:21

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PAGE 01

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CESAR MARTINEZ  
Address: 24 E 13 STREET  
HALEAH, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CESAR MARTINEZ  
Address: 24 E 13 STREET  
HALEAH, FL 33010

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**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

Cesar Martinez  
Registered Agent

\_\_\_\_\_  
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.

Cesar Martinez  
Incorporator

Date  
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