Division of Corporations 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.

(((H17000246144 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)444-4977

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 **HGA REMODELING & CONSTRUCTION INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 2 0 2017

T. SCOTT

(-

٠.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PR	INCIPAL OFFICE Principal <u>street</u> address	Mailing addr	ess, if different is:
240 WEST 70 STF	LEET UNIT: 117		
NALEAH, FL 330	18		
RTICLE III PUT he purpose for whi	RPOSE ch the corporation is organized is:	ALL LAWFUL BUSINESS	
	~		
RTICLE IV SH.	ARES 100 of stock is:		
re number of shares	TIAL OFFICERS AND/OR DIRECTORS		
RTTCLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: 3240 WEST 70 STREET UNIT: 117	_ Name and Title:	· · · · · · · · · · · · · · · · · · ·
re number of shares	TIAL OFFICERS AND/OR DIRECTORS Title: 3240 WEST 70 STREET UNIT: 117	_ Name and Title:	7
RTTCLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Tide: HECTOR GUTTERREZ ACOSTA (P) 3240 WEST 70 STREET UNIT: 117	_ Name and Title:	
RTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Tide: HECTOR GUTTERREZ ACOSTA (P) 3240 WEST 70 STREET UNIT: 117	_ Name and Title: _ Address:	AC DERM
RTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS HECTOR GUTTERREZ ACOSTA (P) 3240 WEST 70 STREET UNIT: 117 HIALEAH, FL 33018	Name and Title: Address: Name and Title:	AC DERM
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS HECTOR GUTTERREZ ACOSTA (P) 3240 WEST 70 STREET UNIT: 117 HIALEAH, FL 33018	Name and Title: Address: Name and Title:	740 Att 3, 100
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS HECTOR GUTTERREZ ACOSTA (P) 3240 WEST 70 STREET UNIT: 117 HIALEAH, FL 33018	Name and Title: Address: Name and Title:	740 Att 3, 100
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS HECTOR GUTTERREZ ACOSTA (P) 3240 WEST 70 STREET UNIT: 117 HIALEAH, FL 33018	Name and Title: Address: Name and Title: Address:	AU A

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT	
The name and I	Torida street address (P.O. Box NOT acceptable) HECTOR GUTTERREZ ACOSTA) of the registered agent is:
Address:	3240 WEST 70 STREET UNIT: 117	
	HIALEAH, FL 33018	-
ARTICLE VII	INCORPORATOR	
The pame and a	ddress of the Incorporator is:	
Name:	HECTOR GUTIERREZ ACOSTA	_
Address:	3240 WEST 70 STREET UNIT: 117	
	HIALEAH, FL 33018	
	EFFECTIVE DATE:	
Effective date, it (If an effective of filing.)	f other than the date of filing: date is listed, the date must be specific and can	
Note: If the dat	e inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, this date will not be listed
	·	
Having been da this certificate, I	med as registered agent to accept service of proc. Am familiar with and accept the appointment as	ess for the above stated corporation at the place designal registered agent and agree to act in this capacity
The)	09/18/2017
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted ony as provided for in s.817.155. F.S.
	Σ.	09/18/2017
Requ	ured Signature/Incorporator	Date