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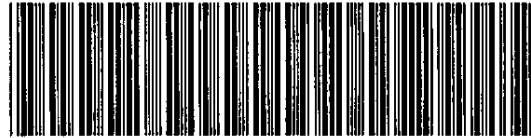
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 15 2018

COVER LETTER

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

SUBJECT: ELITE WALLS OF SOUTH FLORIDA INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Julia Greenberg - Aguilar

Name (Printed or typed)

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

gmag1968@aol.com

E-mail address: (to be used for future annual report notification)

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

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: ELITE WALLS OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1225 S C ST,
LAKE WORTH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Plaster, stucco, drywall framing and painting.

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO GUZMAN - President

Address: 1225 S C ST,
LAKE WORTH, FL, 33460

Name and Title: MARCO GUZMAN - Vice President

Address: 1225 S C ST,
LAKE WORTH, FL, 33460

Name and Title: MARCO GUZMAN - Secretary

Address: 1225 S C ST,
LAKE WORTH, FL, 33460

Name and Title: MARCO GUZMAN - Treasurer

Address: 1225 S C ST,
LAKE WORTH, FL, 33460

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Incorp Services, Inc
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elena Malevska
Address: 1 Radisson Plaza, Ste.800
New Rochelle, NY 10801

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
02/08/2018
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.

Required Signature/Incorporator
02/08/2018
Date