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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)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 CV POOL INC

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Estimated Charge	\$78.75

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I	NAME: The na	me of the cor	poration is:	
CV Roof -	FAC			
ARTICL	EII PRINC	IPAL OFFIC	CE:	
The principal	street address a	nd mailing ac	ldress is:	
8103 NW	68 St	Hipm	; #1 ·	<u>33166</u>
	•			
				·
RTICLE III SHARES: 1	he number of s	hares of stock	is: <u>100</u>	
<u>.</u>		mone www	on ordio	PDC.
<del></del>	TTIAL DIREC	TORS AND	OR OFFICE	<u></u> 4
_Carlos Gui	11 <u>e11</u>	(1)	`	ASEC:
VANESSA FOLA	<u> 5</u>	(yp	<i></i>	
				- <u>統</u>
				22.3
				3
	REGISTERED			
he name and Florida street a			e) of the regis	stered agent is:
<u>Carlos</u>	<u>Guille</u>	<u> </u>		<del></del>
<u>8103</u> N	<del></del>	08 st		
Miami	FL	<u> </u>	<u>3166</u>	
	ORATOR: The		dress of the I	ncorporator is:
Carlos	Guill			
<u>8105</u>	NW	_68_	<u>st</u>	
Miami	FL		<u> 3314</u>	<u> </u>

## 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

Registeded 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.

Lincorporator

Date