

PA000010547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

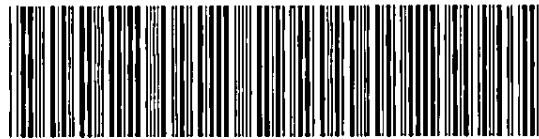
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/19--01003--014 **157.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Craft Wood Floors & Carpentry Inc
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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: CRAFT WOOD FLOORS & CARPENTRY INC.

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address <u>2639 SW 33 AVE.</u> <u>MIAMI, FL 33133</u>	Mailing address, if different is: <u>2639 SW 33 AVE.</u> <u>MIAMI, FL 33133</u>
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>CARLOS A. GUILLEN (P/T/D)</u>	Name and Title: _____
Address: <u>2639 SW 33 AVE.</u>	Address: _____
<u>MIAMI, FL 33133</u>	_____

Name and Title: <u>ARLENE GUILLEN (V/S/D)</u>	Name and Title: _____
Address: <u>2639 SW 33 AVE.</u>	Address: _____
<u>MIAMI, FL 33133</u>	_____

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

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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: CARLOS A. GUILLEN
Address: 2639 SW 33 AVE.
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS A. GUILLEN
Address: 2639 SW 33 AVE.
MIAMI, FL 33133


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.)

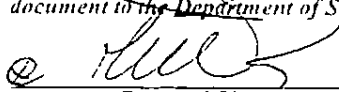
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/31/19
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

1/31/19
Date

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