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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA REBUILT PROFESSIONAL INC**

Certificate of Status	0
Certified Copy	1
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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: FLORIDA REBUILT PROFESSIONAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

860 E 28TH ST

860 E 28TH ST

HIALEAH, FL 33013

HIALEAH, FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YANET COLOMINAS

Name and Title: _____

Address 860 E 28TH ST

Address: _____

HIALEAH, FL 33013

PRESIDENT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: YANET COLOMINAS
Address: 860 E 28TH ST
HIALEAH, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YANET COLOMINAS
Address: 860 E 28TH ST
HIALEAH, FL 33013

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 03, 2019. (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

3/1/19
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

3/1/19
Date