

P19000030112

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ALL AROUND GUTTERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

4/8/19

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ALL AROUND GUTTERS INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
6227 SW 14 ST
MIAMI, FL 33144

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is:

[Empty lines for additional text]

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

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

Name and Title: FREDDY CAMPBELL (P) Name and Title:
Address 6227 SW 14 ST Address:
MIAMI, FL 33144
Name and Title: Name and Title:
Address Address:
Name and Title: Name and Title:
Address Address:

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DIVISION OF CORPORATIONS
19 APR - 5 AM 8: 29

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: FREDDY CAMPBELL
 Address: 6227 SW 14 ST
MIAMI, FL 33144

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FREDDY CAMPBELL
 Address: 6227 SW 14 ST
MIAMI, FL 33144

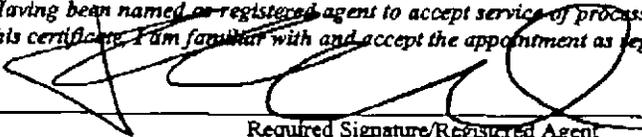
ARTICLE VIII EFFECTIVE DATE:

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 or 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

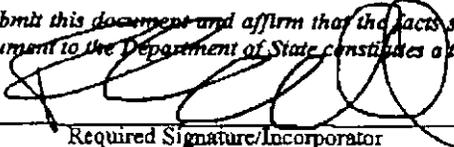


 Required Signature/Registered Agent

04/04/2019

 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

04/04/2019

 Date