

P19000036783

Florida Department of State
Division of Corporations
Electronic Filing Portal

Note: Please print this page and use it as a cover sheet. Type the fax andit number (shown below) on the top and bottom of all pages of the document.

((H19000147992 3)))



H190001479923ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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 JD FLOOR INSTALLATION & REMODELING INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
2019 MAY -3 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:J D Floor Installation & Remodeling**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4220 SW-108 AV MIAMI FL 33165

inc

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Celestino vicente Pablo Vasquez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

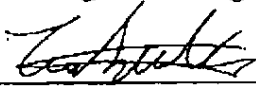
CELESTINO VICENTE PABLO VASQUEZ
4220 SW 108 AVE
MIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CELESTINO VICENTE PABLO VASQUEZ
4220 SW 108 AVE
MIAMI FL 33165SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAY -3 AM 11:01

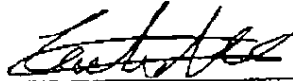
FILED

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

_____
Registered 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.

_____
Incorporator_____
Date**FILED****2019 MAY -3 AM 11:01****SECRETARY OF STATE
TALLAHASSEE, FL**