

P19000043746

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H19000170376 3)))



H190001703763ABC1

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 : FANJUL CPA, INC.
Account Number : I20130000039
Phone : (305) 244-0769
Fax Number : (877) 503-6086

19 MAY 28 PM 1:18

RECEIVED
DIVISION OF CORPORATIONS
MAY 28 2019

****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
PR PROFESSIONAL WINDOW INSTALLATION CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

2019 MAY 28 PM 1:18

Electronic Filing Menu

Corporate Filing Menu

Help

May 28 19 11:45a

Ann Fisher PA

3056673089

p.1

850-617-6381

5/28/2019 11:49:56 AM PAGE 1/001 Fax Server

PLEASE GIVE THIS FAX TO KEYNA PAGE...CANNOT GET THROUGH BY PHONE



May 28, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANN FISHER, P.A.

SUBJECT: LOL GAMING, INC
REP: W19000050920

We have received your document for LOL GAMING, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: E19000168489
Letter Number: 719A00010643

Keyna, the same party that dissolved the LLC (LOL Gaming LLC) meant to file an "S" Corp instead. Therefore, he approves the use of the name for this new entity. What do you need from us now to accept this filing. I have been trying all morning to get through on the phone and the operator is continually busy.

Ann Fisher, Attorney 305-665-5944
P.O. BOX 6327 - Tallahassee, Florida 32314

19 MAY 28 PM 1:18
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEPR PROFESSIONAL WINDOW INSTALLATION CORP
The name of the corporation shall be: _____**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
6791 NW 22ND AVENUE APT 32
MIAMI, FL 33147

_____Mailing address, if different is:
6791 NW 22ND AVENUE APT 32
MIAMI, FL 33147

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

_____**ARTICLE IV SHARES**The number of shares of stock is: 1000
_____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JULIO A ORTIZ-P
_____Address: 6791 NW 22ND AVENUE APT 32
MIAMI, FL 33147

_____Name and Title: DIDSAN REGALADO-VP
_____Address: 6791 NW 22ND AVENUE APT 32
MIAMI, FL 33147

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

_____19 MAY 28 PM 1:14
RECEIVED
STATE OF FLORIDA
SECRETARY OF STATE

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JULIO A ORTIZ
Address: 6791 NW 22ND AVENUE APT 32
MIAMI, FL 33147

19 MAY 28 PM 1:18
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JULIO A ORTIZ
Address: 6791 NW 22ND AVENUE APT 32
MIAMI, FL 33147

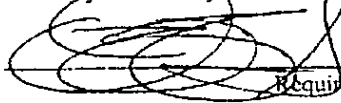
ARTICLE VIII EFFECTIVE DATE:

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

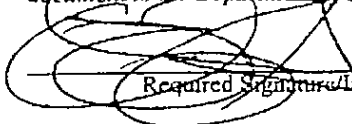


Required Signature/Registered Agent

05/28/2019

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

05/28/2019

Date