

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****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
A1A DRY WALL PLUS INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: A1A DRY WALL PLUS INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4800 NW 8 TERRACE, OAKLAND PARK, FL 33309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DRY WALL SERVICES

ARTICLE IV SHARES

100 PER VALUE \$ 1.00
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCOS A LSON (PRESIDENT)

Name and Title: _____

Address: 4800 NW 8 TERRACE

Address: _____

OAKLAND PARK, FL 33309

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: MARCOS A LEON
Address: 4800 NW 8 TERRACE
OAKLAND PARK, FL, 33309

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARCOS A LEON
Address: 4800 NW 8 TERRACE
OAKLAND PARK, FL, 33309

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

Marcos Leon
Required Signature/Registered Agent

6-7-2019
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.

Marcos Leon
Required Signature/Incorporator

6-7-2019
Date