

JUL/23/2019

TUE 11:53

FAX No.

P. 001/003

7/23/2019

Division of Corporations

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MARLINS REMODELING INC.

| | |
|-----------------------|---------|
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N. SAMS

JUL 24 2019

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MARLINS REMODELING INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address10700 SW 63 STREETMIAMI, FL 33173

Mailing address, if different is:

P.O. BOX 831763MIAMI, FL 33283**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

FILED
 2019 JUL 23 PM 1:47
 SECRETARY OF STATE
 ALABAMA

ARTICLE IV SHARESThe number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBERTO GARCIA CASTILLO (P/S/D) Name and Title: _____Address: 10700 SW 63 STREET Address: _____MIAMI, FL 33173 _____

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ROBERTO GARCIA CASTILLOAddress: 10700 SW 63 STREETMIAMI, FL 33173**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ROBERTO GARCIA CASTILLOAddress: 10700 SW 63 STREETMIAMI, FL 33173**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

07/22/2019

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

07/22/2019

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TALLAHASSEE, FL 90401