

# P19000062766

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : TAX CARE DORAL  
Account Number : I20190000008  
Phone : (786)845-8854  
Fax Number : (321)473-3052

**\*\*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  
HIDALGO RENOVATION SOLUTIONS, INC**

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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: HIDALGO RENOVATION SOLUTIONS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7157 SUGARBEN ST7157 SUGARBEN STORLANDO, FL 32822ORLANDO, FL 32822**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: RENOVATION FOR RESIDENTIAL AND COMMERCIAL  
INDUSTRY AND AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RAMON L. HIDALGO, PRESIDENT

Name and Title: \_\_\_\_\_

Address

7157 SUGARBEN ST

Address: \_\_\_\_\_

ORLANDO, FL 32822

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

19 AUG -9 AM 11:06

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: RAMON L. HIDALGO  
Address: 7157 SUGARBEN ST  
ORLANDO, FL 32822

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: TAX CARE DORAL  
Address: 1400 NW 107TH AVE STE 430  
SWEETWATER, FL 33172

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/09/2019 (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*

Gabriel Horem  
Required Signature/Registered Agent

08/09/2019

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.*

Ramon L. Hidalgo  
Required Signature/Incorporator

08/09/2019

Date