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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

and in terms of the property of the Account Name : THE TAX GROUP INC

Account Number : 120180000051

Phone

: (305)223-4648

Fax Number

: (786)361-1360

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION HORIZONS REMODELING & CONSTRUCTION CORP

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SEP 1 9 2019

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

ARTICLE I NAME The name of the corporat	ion shall be: Horizons F	Pemodelina	& Construction Corp.
ARTICLE II PRINC			Mailing address, if different is:
24801 SW	130th Ave Suite III		
Homestead	FL 33032		
ARTICLE III PURPO The purpose for which the	SE le corporation is organized is:	and 311	12wful business
Name and Title	LOFFICERS AND ADR DIRECTORS P. Bojan Adolfo Salazar 2480: Sw 130th Ave Suite III Homestead FL 33032	Address:	V. Gloria E. Zamorano 24801 SW 130th Ave Suite III Homestead Fl. 33032
Name and Title:		Name and Title:	
Address		Address:	A-1
Name and Title:_ Address		Name and Title: Address:	SEP 18 PH 5: 38
			;;

Name and T	itle:	Name and Title:	
Address		Address:	
ARTICLE VI RE	GISTERED AGENT		
The name and Flori	da street address (P.O. Box NOT acceptable)		
Name:	Bojon Adolfo Solazor		
Address:	24801 SW 130th Ave 5	oite III	
_	Homestad FL 33032		
			18 18 N
ARTICLE VII IN	CORPORATOR		SE CALL
The name and addr	ess of the Incorporator is:		
Name:	Bojon Adolfo Salazar		3388 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Address:	248015W 130th Ave So	vite 111	PH 5: 36
	248015W 130th Ave So Homesterd FL 3303	<u>2</u>	: 36
<u>ARTICLE VIII </u>	FFECTIVE DATE:		
Effective date, if oth (If an effective date filing.)	er than the date of filing: is listed, the date must be specific and cann	ot be more than five days p) rior or 90 days after the
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the document's effect	erted in this block does not meet the applicable tive date on the Department of State's records.	e statutory tiling requirement	s, this date will not be listed as
Having been named this certificate, I am	as registered agent to accept service of proces familiar with and accept the appointment as re	ss for the above stated corpor gistered agent and agree to a	ration at the place designated in act in this canacity
~	< 1	- • •	- / /
1	Required Signature/Registered Agent		09/11/2019
Kanakan Selak Selak Selak		_	Date
i suomii inis aocum document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felo	true. I am aware that the f ny as provided for in s.817.15	alse information submitted in a 55, F.S.
7		_	09/11/2019
Required	Signature/Incorporator		Date