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FLORIDA PROFIT/NON PROFIT CORPORATION **ROKY CONSTRUCTION CORP**

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T. SCOTT

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

ARTICLE I NAM. The name of the corpor	ation shall be: <u>Boky Const</u>	cuction Co	VO	
ARTICLE II PRIN		•	Mailing address, if different is:	
17410 NW				
Mismi Fl	<u>330ss</u>			
ARTICLE III PURF The purpose for which	the corporation is organized is:	y and All	1 Jowful bosiness	
ARTICLE IV SHAP The number of shares o				
	ic.P. Joe Florez Chamor	Name and Title	SLES SELLA	:
Address	17410 NW 40th Ave		五一	٠
	Miami FL 33055		SET	Ī
	· · · · · · · · · · · · · · · · · · ·		70 =	۳,
	- T / 1/1/1		RAI SE	
Name and Title	: V. Jorge Luis Villadies	20 Name and Title:		
Address	17410 NW 40th Ave Hismi Fl 33055	Address:		
	Mismi F/ 330SS			
		_		
Name and Title	:	Name and Title:		
Address				
		 .		
			III.	
			H19000 2796493	

09-18-19;12:45 ;From:Service!!

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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: Torge Luis Villad	iego
Name: Jorge Luis Villad Address: 17410 NW 40th Ave	<u></u>
Mismi FL 3305	
ARTICLE VII INCORPORATOR	
	•
The name and address of the Incorporator is:	
Name: <u>Jorge / wis Villa</u> Address: <u>17410 Nw 401h</u>	diego.
Address: 17410 NW 40th.	Ave
Mismi FL 330:	5.5
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	(ORTIONAL)
If an effective date is listed, the date must be specifically.)	c and cannot be more than five days prior or 90 days after the
Nate: If the date inserted in this block does not most th	e applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Department of Stat	e's records,
Having been named as registered agent to accept service	te of process for the above stated corporation at the place designated in
his certificate. I am familiar with and accept the appoin	ument as registered agent and agree to act in this capacity
Du	09/14/19
Required Signature/Registered	d Agent Date
submit this document and affirm that the facts stated	herein are true. I am aware that the false information submitted in a
locument to the Department of State constitutes a third	acgree Jeiony as provided for in \$.817.155, F.S.
Repaired Signature/Incorporator	09/14/19
reputited Signature/Incorporator	Date
V	

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