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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (650)617-6381

From: Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : T20190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

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

Email Address: adelina.gallomaga.rota@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
N G HOUSE REPAIR CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
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: ING HOUSE REPAIR, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5531 SW 143 AVENUE

MIAMI, FL 33175

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOUSE / APARTMENT REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NARCISO J. GALLO / PRESIDENT

Address 5531 SW 143 AVENUE

MIAMI, FL 33175

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: NARCISO J. GALLO
 Address: 5531 SW 143 AVENUE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: NARCISO J. GALLO
 Address: 5531 SW 143 AVENUE
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 09-26-2019 (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

 _____ 09-25-2019
 Required Signature/Registered Agent 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.

 _____ 09-25-2019
 Required Signature/Incorporator Date

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