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(Business Entity Name)

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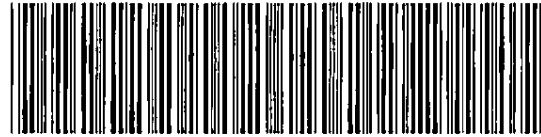
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ROOF PROS SOLUTIONS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SABRINA ARIZA
Name (Printed or typed)

1625 CENTERVILLE RD #16
Address

TALLAHASSEE, FL 32308
City, State & Zip

954 536 8408
Daytime Telephone number

ROOFPROS.ADMN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: ROOF PROS SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1625 CENTERVILLE RD #16

<- SAME

TALLAHASSEE, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P - SABRINA ARIZA

Name and Title: _____

Address

1625 CENTERVILLE RD #16

Address: _____

TALLAHASSEE, FL 32312

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2018 OCT -1 PM 4:42
TALLAHASSEE FL 32303

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: SABRINA ARIZA

Address: 1625 CENTERVILLE RD #16

TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SABRINA ARIZA

Address: 1625 CENTERVILLE RD #16

TALLAHASSEE, FL 32308

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

10.1.19
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

10.1.19
Date