

NOV/13/2019/WED 03:11 PM

FAX No.

P. 001/003

Shan

P190000084689

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000333844 3)))



H190003338443ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

19 NOV 13 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
E & E ALL FLOORING SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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:

E & E All Flooring Services CorpARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7020 W 35th AVE #120
Hialeah, FL 33018ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Flooring installationARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Evelio Jimenez (P)

Name and Title:

Address:

7020 W 35 AVE
Hialeah, FL 33018
120

Address:

Name and Title: Eduardo Fuentes (V/P)

Name and Title:

Address:

7020 W 35 AVE
Hialeah, FL 33018
120

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Evelio Jimenez
Address: 7020 W 35 AVE #120
Hiakan, Fl. 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Evelio Jimenez
Address: 7020 W 35 AVE #120
Hiakan, Fl. 33018

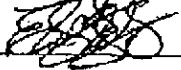
ARTICLE VIII EFFECTIVE DATE:

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.

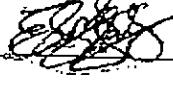
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 

Required Signature/Registered Agent

11/12/2019
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.817.135, F.S.

X 

Required Signature/Incorporator

11/12/2019
Date