

NOV/19/2019/TUE 09:27 AM

FAX No.

P. 001/003

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
1 ASSOCIATED BUILDERS, INC**

Certificate of Status	0
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Electronic Filing Menu

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Help

X. PAGE

NOV 20 2019

NOV/19/2019/TUE 09:28 AM

FAX No.

P. 002/003

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: 1 ASSOCIATED BUILDERS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5417 SW 134th PLACE

MIAMI, FL 33175

Mailing address, if different is:

5417 SW 134th PLACE

MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HARRY CARRASQUILLO (P/S/D)

Address 5417 SW 134th PLACE

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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RECEIVED
HARRY CARRASQUILLO
SECRETARY OF STATE
FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HARRY CARRASQUILLO
 Address: 5417 SW 134th PLACE
MIAMI, FL 33175

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: HARRY CARRASQUILLO
 Address: 5417 SW 134th PLACE
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/01/2020 (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) [Signature]
 Required Signature Registered Agent

11/13/2019

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.817.155, F.S.

(X) [Signature]
 Required Signature Incorporator

11/13/2019

Date

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