

2/19/2020

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
SOTTI REMODELING, CORP.

| | |
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Articles of Incorporation for

SOTTI REMODELING, CORP.

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit pursuant to Chapter 607 and 621 Florida Statutes.

ARTICLE I - Name

The name of the Corporation is **SOTTI REMODELING, CORP.**
hereinafter, "Corporation"

ARTICLE II -Principal and Mailing Address

The name principal place of business address shall be:

**4737 SW 13TH ST
DEERFIELD BEACH FL 33442**

The mailing address of the Corporation shall be:

**4737 SW 13TH ST
DEERFIELD BEACH, FL 33442**

ARTICLE III - Purpose

The Corporation shall engage in any activity and all lawful business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - Capitalization

The number of share that this Corporation is authorized to have outstanding at any time is One Thousand (1000) shares of One US Dollar (1.00) per value of common stock.

The Board of Director(s) of the Corporation may authorize the issuance from time to time of shares of its stock of any class, whether or now or hereafter authorized, or securities convertible into shares of its stock of any class, whether now or hereafter authorized, for such consideration as the Board of Director (s) may deem advisable, subject to such restrictions or limitations, if any, as may be set forth in the bylaws of the Corporation.

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The Board of Director(s) of the Corporation may, by Restated Articles of Incorporation, classify any unissued stock from time to time by setting or changing the preferences, conversions, or term or conditions of redemption of the stock.

No holder of shares of stock of any class have any preemptive right to subscribe to or purchase any additional shares of any class, or any bonds of may, in authorizing the issuance of shares of stock of any class, confer any preemptive right that the Board of Director(s) may deem advisable in connection with such issuance.

ARTICLE V - Officer(s) and/or Director(s) and stockholder Percentages:

The initial officer(s) and/or director(s) of the Corporation shall be:

PRESIDENT **ROGERIO JOSE SOTTI**
4737 SW 13TH ST
DEERFIELD BEACH FL 33442

VICE-PRESIDENT **SHERRINE SOTTI**
4737 SW 13TH ST
DEERFIELD BEACH FL 33442

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The number of officers and/or directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders.

ARTICLE VI - Incorporator

The initial name and street address of the incorporator of this Corporation is:

TAX SECRETS INC
5052 NW 45Th Ave,
Coconut Creek, Fl 33073

ARTICLE VII - Registered Agent

The name and Florida street address of the initial Registered Agent of the Corporation is:

ROGERIO JOSE SOTTI
4737 SW 13TH ST
DEERFIELD BEACH, FL 33442

ARTICLE VIII - Powers of Corporation

The Corporation shall have the equivalent powers as an individual to do all things required or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

ARTICLE IX - *Bylaws*

The board of Director(s) of the Corporation shall have power, without the assent or vote of the shareholders, to make, alter, amend or repeal the Bylaws of the Corporation, but the affirmative vote of a number of Directors equal to a majority of the number who would constitute a full Board of Director(s) at the time of such action shall be necessary to take any action for the making, alteration, amendment or repeal of the Bylaws.

ARTICLE X - *Term of Existence*

This Corporation shall have perpetual existence.

ARTICLE XI - *Dissolution*


This Corporation may be dissolved at any time by authorization of any officer or director of the Corporation.

The net assets of the corporation remaining after winding up must be distributed to the shareholders after payment of all debts of the corporation.

ARTICLE XII - *Effective Date*

These Articles of Incorporation shall be effective on February 19, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this
February 19, 2020



Tais Silva, Inc.
Tais Silva, Incorporator

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TAX SECRETS, INC

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 607 AND/OR 621, FLORIDA STATUTES, THE MENTIONED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA

1. The name of the Corporation is:

SOTTI REMODELING, CORP.

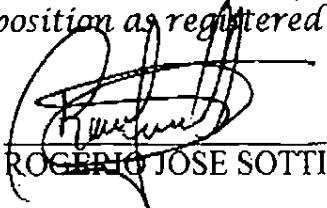
2. The name and address of the Registered Agent and Office is:

ROGERIO JOSE SOTTI

4737 SW 13TH ST

DEERFIELD BEACH, FL 33442

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


ROGERIO JOSE SOTTI

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line.

▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

| | | | | | |
|---|--|---|-----------------------|-------------------|---|
| 1 Legal name of entity (or individual) for whom the EIN is being requested SOTTI REMODELING, CORP. | | | | | |
| 2 Trade name of business (if different from name on line 1) | | 3 Executor, administrator, trustee, "care of" name ROGERIO JOSE SOTTI | | | |
| 4a Mailing address (room, apt., suite no. and street, or P.O. box) 4737 SW 13TH ST | | 5a Street address (if different) (Do not enter a P.O. box.) | | | |
| 4b City, state, and ZIP code (if foreign, see instructions) DEERFIELD BEACH, FL 33442 | | 5b City, state, and ZIP code (if foreign, see instructions) | | | |
| 6 County and state where principal business is located BROWARD FL | | | | | |
| 7a Name of responsible party ROGERIO JOSE SOTTI | | 7b SSN, ITIN, or EIN 772-22-5489 | | | |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8b If 8a is "Yes," enter the number of LLC members ▶ | | | |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) if any ▶ | | | | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | | State Foreign country | | | |
| 10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ S-CORP <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ | | | | | |
| 11 Date business started or acquired (month, day, year). See instructions. February 19, 2020 | | 12 Closing month of accounting year DECEMBER | | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural 0</td><td>Household 0</td><td>Other 0</td></tr></table> | | Agricultural 0 | Household 0 | Other 0 | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> |
| Agricultural 0 | Household 0 | Other 0 | | | |
| 15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ | | | | | |
| 16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ▶ | | | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HOME REMODELING | | | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ | | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | | | |
| | Designee's name TAIS SILVA | Designee's telephone number (include area code) 561-317-5661 | | | |
| | Address and ZIP code 5052 NW 45TH AVE - COCONUT CREEK, FL 33073 | Designee's fax number (include area code) 954-607-2559 | | | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) 954-817-5699 | | | |
| Name and title (type or print clearly) ▶ ROGERIO JOSE SOTTI PRESIDENT | | Applicant's fax number (include area code) 954-607-2559 | | | |
| Signature ▶  | | Date ▶ | | | |