

P20000016172

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000058085 3)))



H200000580853ABC

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To:

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

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALLPRO ELA INVESTMENTS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
2020 FEB 21 AM 8:02
J DENNIS
FEB 24 2020

20 FEB 21 PM 2:49

Articles of Incorporation For

ALLPRO ELA INVESTMENTS CORP

The undersigned incorporation, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

ALLPRO ELA INVESTMENTS CORP

Article II

The principal place of business address:

**1564 NE 191ST STREET APT. # 119
NORTH MIAMI BEACH, FL. 33179**

The mailing address of the corporation is:

**1564 NE 191ST STREET APT. # 119
NORTH MIAMI BEACH, FL. 33179**

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

500

Article V

The name and Florida street address of the registered agent is:

**LEIDY A. MACHADO RAMIREZ
1564 NE 191ST STREET APT. # 119
NORTH MIAMI BEACH, FL. 33179**

I certify that I am familiar with and **accept** the responsibilities of registered agent.

Registered Agent Signature: _____



Q. I have no objection.


20 FEB 21 PM 2: 49

Article VI

The name and address of the incorporator is:

LEIDY A. MACHADO RAMIREZ
1564 NE 191ST STREET APT. # 119
NORTH MIAMI BEACH, FL. 33179

Signature of Incorporator:



I am the incorporation submitting these Articles of Incorporation and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
LEIDY A. MACHADO RAMIREZ
1564 NE 191ST STREET APT. # 119
NORTH MIAMI BEACH, FL. 33179

Article VIII

The effective date for this corporation shall be:

02/20/2020

Florida Department of State
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H200000553773ABC5

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CARRACEDO FULL REMODELING CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

J DENNIS
FEB 24 2020

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: **CARRACEDO FULL REMODELING CORP**

20 FEB 21 PM 2:51

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11330 SW 41 STREET**MIAMI, FL 33185****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: **1000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **YORDANYS VALDES CARRACEDO-P**

Name and Title:

Address

11330 SW 41 STREET

Address:

MIAMI, FL 33185

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: YORDANYS VALDES CARRACEDO
Address: 11330 SW 41 STREET
MIAMI, FL 33165

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YORDANYS VALDES CARRACEDO
Address: 11330 SW 41 STREET
MIAMI, FL 33165

ARTICLE VIII EFFECTIVE DATE:

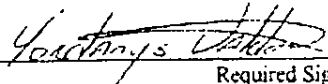
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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



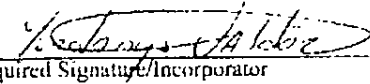
Required Signature/Registered Agent

02/18/2020

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



Required Signature/Incorporator

02/18/2020

Date

20 FEB 21 PM 2:51