

**P200000696503**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
COMA MONCADA FLOORING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

03/03/2020

T. SCOTT

2020 MAR -2 AM 9:23

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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: COMA MONCADA FLOORING INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5601 SW 2<sup>ND</sup> COURT, #202  
POMPANO BEACH, FL. 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGALLY  
AUTHORIZED ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GESAA MARTINEZ

Name and Title:

Address

P/T/D

Address:

5601 SW 2<sup>ND</sup> CT., #202  
POMPANO BEACH, FL. 33068

Name and Title: JUAN R. MONCADA

Name and Title:

Address

V/S/D

Address:

5601 SW 2<sup>ND</sup> CT., #202  
POMPANO BEACH, FL. 33068

Name and Title:

Name and Title:

Address

Address:

2020 MAR -2 AM 5:24

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: CESAR MARTINEZ  
Address: 5601 SW 2ND CT., #202  
POMPANO BEACH, FL. 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CESAR MARTINEZ  
Address: 5601 SW 2ND CT., #202  
POMPANO BEACH, FL. 33068

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.)

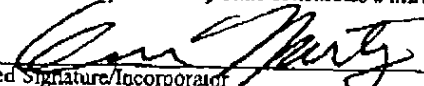
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

03/02/2020  
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.*

  
Required Signature/Incorporator

03/02/2020  
Date