## P20000019892

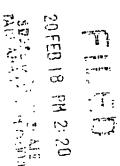
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Dunings Estitu Nama)
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
<del></del>	(Document Number)
<del></del>	
Special Instructions to Filing Officer;	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
	·

Office Use Only



300340673523

02/18/20--01021--016 \*\*78.75



## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: RECONSTRUCTION CLEMEN SERY COND
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:  \$70.00 \$78.75 \$87.50  Filing Fee Filing Fee & Certificate of Status  \$ Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED
FROM: SO ST CARDO Name (Printed or typed)
2761 MW 16 TENR Address
City, State & Zip  (786) 374-3726  Daytime Telephone number
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAM The name of the corpo	ration shall be: $RSBLDNSTN$	werrion & Clarying Serv (
<u>articleii prin</u> 2951 Dani	•	Mailing address, if different is:
3312-	2869	SAME
ARTICLE III PUR. The purpose for which  Boild	1 the corporation is organized is:	q Répors, mu Léan
ARTICLE IV SHA		
	HAL OFFICERS AND/OR DIRECTORS HER NESS RICKER PROPERTY	Name and Title:
Address	2951 DAIE BLUD.	Address:
	PC, 33312, 2869	
Name and Tit	10: VI YNGS MARICZ & MORA	Name and Title:
Address	295/DALIE BUID.	Address:
	FORT LAUDERDAGE FR 3312, 2869	
Name and Tit	le:	Name and Title:
Address		
		<del> </del>

Name and Title:	Nam	ne and Title:	
Address	Add	ress:	
·			<u> </u>
			-
ARTICLE VI REGISTERED AG	ENT	aistured agent is:	
Name: RAU Name:	$\frac{1}{5}$ (P.O. Box NOT acceptable) of the re	gisterett agent is.	
<del></del>	W 16 TONA		
Minu	y FC 33(25		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporate	orator is:		
Name: 31CA	RDO PINERA		
Address: 2951	DAYING BLUD		
FORT	LAWDERDALE 33812,2869		
ARTICLE VIII EFFECTIVE DA	TE:	(OPTIONAL)	
(If an effective date is listed, the diffling.)	of filing: te must be specific and cannot be r	more than five days prior	or 90 days after the
Note: If the date inserted in this blo the document's effective date on the	ck does not meet the applicable statut Department of State's records.	tory filing requirements, th	is date will not be liste
Having been named as registered ag certificate. I am familiar with and ac	ent to accept service of process for the cept the appointment as registered ag	above stated corporation a ent and agree to act in this	t the place designated is capacity
Required	Signature/Registered Agent		m/12/20 Date/
I submit this document and affirm document to the Department of State	that the facts stated herein are true. constitutes a third degree felony as p	I am aware that the false trovided for in s.817.155, F.	information submitted S. <sub>1</sub> , f
X Page			2/12/2
Required Signature/Incorporator	<u></u>	Date	

•