Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name

: CONSTRUCTION & ENGINEERING SCHOOL INC

Account Number : I20170000070

: (305)226-8727

Phone Fax Number

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

Ema11	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA CONCRETE FINISH INC

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COVER LETTER

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

SUBJECT: FLOI	RIDÅ CONCRETE FINISH IN	NC			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DESUEERS		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	7	
S \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED	_	
83	800 WEST FLAGLER ST, SU	(Printed or typed) IITE 114 ddress	· · · · · · · · · · · · · · · · · · ·		
		State & Zip			
(3	05)226-8727			₩. ~	
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LUC	CIAESTRELLA@BELLSOUT	TH.NET		A A A A A A A A A A A A A A A A A A A	7
,	E-mail address: (to be used	-	ŕ	13 PM	FILED
]	NOTE: Please provide the or	iginal and one copy of	the articles.	1: 3.7 1A1: 08:0	

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

The name of the corporat	ion shall be: FLORIDA CONCRET	TE FINISH INC	
ARTICLE II PRINCIPAL OFFICE Principal street address 435 NW 7 STREET HOMESTEAD, FL 33030			is, if different is: T 33030
ARTICLE III PURPO The purpose for which the	ASE the corporation is organized is:		
Any and all lawful	husings		
		·	2020 HAR
ARTICLE IV SHARE The number of shares of s	ES stock is: 100		HAR IS PH 1: 37
	L OFFICERS AND/OR DIRECTORS GONZALEZ FONG, RUBEN F - PRES	_ Name and Title:	
Address	426 NW/ 7 STREET	ľ	
	HOMESTEAD, FL 33030	-	· · · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address		Address:	
		<u> </u>	
Name and Title:		_ Name and Title:	
Address		Address:	
•			

d Title:	Name and Title:	
	Address:	
· ·	-	
REGISTERED AGENT	of the perioteral enent is:	
RUBEN F GONZALEZ FONG		
435 NW 7 STREET	D20 M	
HOMESTEAD, FL 33030	AR I	
<u>INCORPORATOR</u>	SEE. F	
dress of the Incorporator is:	ORIAL TO	
RUBEN F GONZALEZ FONG	- 37 - 37	
435 NW 7 STREET	_	
HOMESTEAD, FL 33030	_	
other than the date of filing: 03/12/2020 ate is listed, the date must be specific and cann inserted in this block does not meet the applicable	ot be more than five days prior or 90 days after the e statutory filing requirements, this date will not be listed as	
		5
Required Signature/Registered Agent	03/12/2020	
		_
Tr/Incorporator	03/12/2020	
	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of RUBEN F GONZALEZ FONG 435 NW 7 STREET HOMESTEAD, FL 33030 INCORPORATOR dress of the Incorporator is: RUBEN F GONZALEZ FONG 435 NW 7 STREET HOMESTEAD, FL 33030 EFFECTIVE DATE: Other than the date of filing: O3/12/2020 ate is listed, the date must be specific and cannot inserted in this block does not meet the applicable fective date on the Department of State's records are day of the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent to accept service of process primitiar with and accept the appointment as registered agent accept the accept service of process primitiar with and accept the accept service of process primitiar with and accept the accept service of process primitiar with and accept the accept service of process primitiar with and accept the accept service of process primitiar with and accept the accept service of process primitiar with and accept the accept service of process primitiar with accept the	REGISTERED AGENT Porida street address (P.O. Box NOT acceptable) of the registered agent is: RUBEN F GONZALEZ FONG 435 NW 7 STREET HOMESTEAD, FL 33030 RINCORPORATOR dress of the Incorporator is: RUBEN F GONZALEZ FONG 435 NW 7 STREET HOMESTEAD, FL 33030 EFFECTIVE DATE: Other than the date of filing: 03/12/2020 (OPTIONAL) ate is listed, the date must be specific and cannot be more than five days prior or 90 days after the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records. ed as registered agent to accept service of process for the above stated corporation at the place designated in this militar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 03/12/2020 Date Date O3/12/2020 Date O3/12/2020