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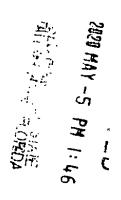
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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a na 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • .1-800-342-8062 • Fax (850) 222-1222

I & A ROOFING,	INC.		<u> </u> 	
- .				
			<u>✓</u>	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			✓	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			l —	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Ü				Vehicle Search
				Driving Record
Requested by: BA	05/5/20			UCC 1 or 3 File
Name		Time		UCC 11 Search
* · m * 3 * 70*	240	Timo		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

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

SUBJECT: 1 & A	ROOFING, INC.		
	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	• • • • • •	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM:		(Printed or typed)	
206 ——	I NE 2ND TER.		
		Address	
PON	MPANO BEACH, FL 33060		
	City,	State & Zip	
954-	330-1950		
	Daytime Te	elephone number	
INFO	O@LATINOSTAX.COM		•
	E-mail address: (to be used	for future annual report no	vitication)

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)

TICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
I NE 2ND TER.			
MPANO BEACH	, FL 33060		
FICLE III PUR purpose for which	POSE 1 the corporation is organized is:	ID ALL LAWFULL	BUSINESS
			7.20 7.21 7.21
CLEIV SHAR umber of shares o	RES f stock is:		2020 MAY -5
	AL OFFICERS AND/OR DIRECTORS PETRA RIVERA JUAREZ, PRES.	N. Im.	
Name and Titl Address	PETDA DIMEDA HIADEZ DOCO	Name and Title:_	ANTI- LATE
Name and Titl	e: PETRA RIVERA JUAREZ, PRES.	Name and Title:_ Address:	10.00
Name and Titl	PETRA RIVERA JUAREZ, PRES. 2061 NE 2ND TER. POMPANO BEACH, FL 33060	Address:	
Name and Titl	e: PETRA RIVERA JUAREZ, PRES. 2061 NE 2ND TER. POMPANO BEACH, FL 33060	Address: Name and Title: Address:	
Name and Title Address	e: PETRA RIVERA JUAREZ, PRES. 2061 NE 2ND TER. POMPANO BEACH, FL 33060	Address: Name and Title: Address:	
Name and Title Address Name and Title Address	e: PETRA RIVERA JUAREZ, PRES. 2061 NE 2ND TER. POMPANO BEACH, FL 33060	Address: Name and Title: Address:	

Name and Title:		Name and Title:		
Addr	ress	Address:		
APPROLES				
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	hle) of the registered agent is:		
Name:	PETRA RIVERA JUAREZ			
Address:	2061 NE 2ND TER.			
	POMPANO BEACH, FL 33060			
ARTICLE VII	<u>INCORPORATOR</u>			
	address of the Incorporator is:			
Name:	PETRA RIVERA JUAREZ			
Address:	2061 NE 2ND TER.	<u> </u>		
	POMPANO BEACH, FL 33060			
Effective date, if (If an effective of	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca			
days after the ii	uing.)	able statutory filing requirements, this date will not be listed as		
the document's e	effective date on the Department of State's reco	ds.		
Having been nan this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	cess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity		
Petra Re	vera Juarez Required Elgnature/Registered Agent	05/05/2020		
	Kequired Signature/Registered Agent	Date		
submit this doc locument to the l	ument and affirm that the facts stated herein Department of State constitutes a third degree fo	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.		
Petra Riv	era Quarez red Signoture/Incorporator	05/05/2020		
Requir	red Signoture/Incorporator	Date		