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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
ALL AMERICAN INSULATION, CORP**

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

2020 MAY 28 PM 1:37

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ALL AMERICAN INSULATION, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address5600 NW 72 AVE SUITE # 8931MIAMI, FL 33186

Mailing address, if different is:

5600 NW 72 AVE SUITE # 8931MIAMI, FL 33186**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARISLEIDY HERNANDEZ

Name and Title: _____

Address PRESIDENT

Address: _____

5600 NW 72 AVE SUITE # 8931MIAMI, FL 33186Name and Title: YESSICA ARBELO

Name and Title: _____

Address VIC PRESIDENT

Address: _____

5600 NW 72 AVE SUITE # 8931MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ARISLEIDY HERNANDEZ
Address: 5600 NW 72 AVE SUITE # 8931
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

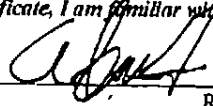
Name: ARISLEIDY HERNANDEZ
Address: 5600 NW 72 AVE SUITE # 8931
MIAMI, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05-21-2020 (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 05-21-2020 Date

I submit this document and affirm that the facts stated herein are true, and 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 x  Date 05-21-2020