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2020 JUN -4 PM 4:26
2020 JUN -4 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N. CULIC
JUN -5 2020

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

All Levels Roofing Inc.

FOR OFFICE USE ONLY

PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☐ C.U.S.

FILING:

☒ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

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☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 6/4/20 TIME _____

Notes: _____

FILED

ARTICLES OF INCORPORATION

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

2020 JUN -4 AM 10: 06

ARTICLE I NAME

The name of the corporation shall be: All Levels Roofing Inc

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9841 Berry Dease Rd
Orlando, FL 32825

9841 Berry Dease Rd
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: roofing company

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Chantelle Flores</u>	President	Name and Title:	_____
Address:	<u>9841 Berry Dease Rd</u>		Address:	_____
	<u>Orlando, FL 32825</u>			_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2020 JUN -4 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Chantelle Flores

Address:

9841 Berry Dr SW Rd
Orlando, FL 32825

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Chantelle Flores Chantelle Flores

Address:

9841 Berry Dr SW Rd 9841 Berry Dr SW Rd
Orlando, FL 32825 Orlando, FL 32825

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:

[Signature]

Required Signature/Registered Agent

06/3/20

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.

[Signature]

Required Signature/Incorporator

6/3/20

Date