

6/25/2020

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4

P2000046709

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CONCRETE DESIGNS SUPPLIES CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

JUN 26 2020

T. SCOTT

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COVER LETTER

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

SUBJECT: CONCRETE DESIGNS SUPPLIES CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CLAUDIA MACDONALD

Name (Printed or typed)

5401 HAVERHILL RD SUITE 104

Address

WEST PALM BEACH, FL 33407

City, State & Zip

954-771-8522

Daytime Telephone number

claudia@concretedesignsfl.com

E-mail address: (to be used for future annual report notification)

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

H200001959593

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CONCRETE DESIGNS SUPPLIES CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5401 HAVERHILL RD SUITE 104

WEST PALM BEACH, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIA MACDONALD

Name and Title: PRESIDENT

Address: 5401 HAVERHILL RD STE 104

Address:

WEST PALM BEACH, FL 33407

Name and Title: EMILIANO ROBLEDO

Name and Title: VP

Address: 5401 HAVERHILL RD STE 104

Address:

WEST PALM BEACH, FL 33407

Name and Title: GUILLERMO PUCHE

Name and Title: SECRETARY

Address: 5401 HAVERHILL RD STE 104

Address:

WEST PALM BEACH, FL 33407

FILED
2020 JUN 25 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: LAMADRID FINANCIAL SERVICES CORP
Address: 1267 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDIA MACDONALD
Address: 5401 HAVERHILL RD SUITE 104
WEST PALM BEACH, FL 33470

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/25/2020 (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

Required Signature/Registered Agent
06/25/2020
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.

CLAUDIA MACDONALD
Required Signature/Incorporator
06/25/2020
Date

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