

7/9/2020

Division of Corporations

P200000051962

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6381

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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.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ULLOA HOME SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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July 10, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: ULLOA HOME SERVICES INC
REF: W20000071625

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000217182
Letter Number: 320A00013452

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

FILED
2020 JUL 10 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ULLOA HOME SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

565 W 43RD PL

565 W 43RD PL

HIALEAH, FL 33012

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOME SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: QUIRENIA GONZALEZ

Name and Title: _____

Address 565 W 43RD PL

Address: _____

HIALEAH, FL 33012

PRESIDENT (50 SHARES)

Name and Title: ALIN ULLOA

Name and Title: _____

Address 565 W 43RD PL

Address: _____

HIALEAH, FL 33012

VICEPRESIDENT (50 SHARES)

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: QUIRENIA GONZALEZ
 Address: 565 W 43RD PL
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: QUIRENIA GONZALEZ
 Address: 565 W 43RD PL
HIALEAH, FL 33012

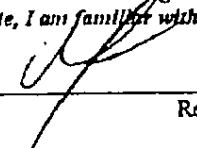
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 07, 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

JULY 07, 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.

x 

 Required Signature/Incorporator

JULY 07, 2020

 Date

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 TALLAHASSEE, FLORIDA