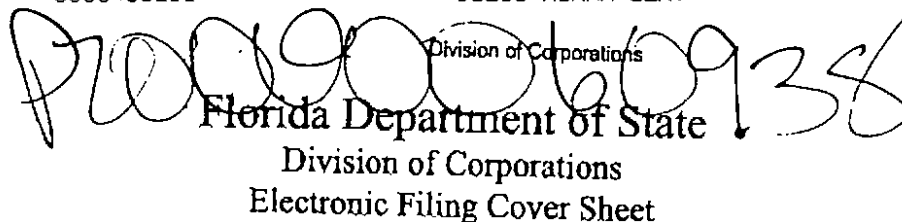
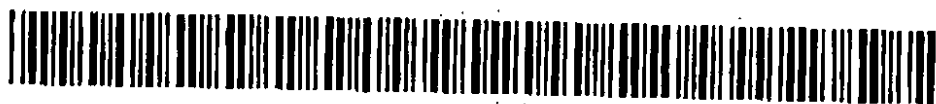


8/11/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000274550 3)))



H200002745503ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : I20190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

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

Email Address: ALEXLOZANO@Live.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
HOUSE IMPROV. CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

J. FASON

AUG 11 2020

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COVER LETTER

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

SUBJECT: HOUSE IMPROV, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: ELIHAS A. LOZANO

Name (Printed or typed)

2105 NW 18 TERRACE

Address

MIAMI, FL 33125

City, State & Zip

305-305-7573

Daytime Telephone number

alexlozano@live.com

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

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

H20000274550 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HOUSE IMPROV. CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2105 NW 18 TERRACE
MIAMI, FL 33125Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HOUSE IMPROVEMENT SERVICE

_____**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELIHAS A. LOZANO / PRES

Name and Title: _____

Address 2105 NW 18 TERRACE

Address: _____

MIAMI, FL 33125

_____Name and Title: ALEJANDRO J. LOZANO / S

Name and Title: _____

Address 2105 NW 18 TERRACE

Address: _____

MIAMI, FL 33125

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

_____2020 AUG 11 AM 10:49
STATE
FILED

H200002745503

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: ELIHAS A. LOZANO
Address: 2105 NW 18 TERRACE
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ELIHAS A. LOZANO
Address: 2105 NW 18 TERRACE
MIAMI, FL 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 08, 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 (LO)
Required Signature/Registered Agent

AUG 08, 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 (LO)
Required Signature/Incorporator

AUG 08, 2020
Date

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