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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:\_

FLORIDA PROFIT/NON PROFIT CORPORATION REMODELING BAXT, INC

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

<b>ARTICLE 1</b> NAME: The name of the corporation is:		
Remodeling BAXT, INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:  5945 CHErokee Dr  Lake Worth FL 33463		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Longy Suarez Brito	20 KUG 2	-:n
SSEE CO.	20 PH	FILED
	7: 27	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
5945 CHEROKEE DR		
Lake WORTH FL 33463		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Longy Sugrez Billo 5945 CHERDKEE Dr.		
Lake Worth FL 33463		

## Required Signatures:

Having been named as registered agent to accomporation at the place designated in this ce	rtificate, I am familiar with and accept the	
appointment as registered agent and agree to act in this capacity		
<u></u>	8/28/2020	
Registered Agent	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.

| 8/28/2020 | Date | Da

> FILLE 20 KUS 28 PM 7: 27 SLOKETARY OF STATE MITAHASSEF FI ORID