Florida Department of State Division of Comparisons Electronic Filing Cover Sheet

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.

(((H20000356588 3)))



H2000003565883ABC4

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

To:			***	\sim
	Division of Cor	porations		سب
	Fax Number	: (850)617-6381	••	2020 OC
from:			,	
110	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	•	٢:
	Account Number		•	
		: (305)552- 59 73		- 7
	fax Number	: (305)675-5944		12.
		·		.,
				Œ
**Ente	er the email addr	ess for this business entity to be used for	future	
	annual report ma	ilings. Enter only one email address please.	**	
	Email Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION GONZALEZ CONCRETE SERVICES PUMP CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECOND

REQUEST

15 PN 2:2

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Gonzalez Concrete services pump Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
8540 BYRON are Apt 20
Miami Beach, FL 33191
ARTICLE III SHARES: The number of shares of stock is: 100 = 7
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE(S:
Jorge Luis Gonzalez DIAZ (P) 5

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
JORGE LUIS GONZAlez DIAZ
8540 Byron Ave Apt 20
Migni Beach, Fl. 33141
ARTICLE 'VI INCORPORATOR: The name and address of the Incorporator is:
JORGE LUIS GONZALEZ DIAZ
Minni Beach, F1. 33141

Required Signatures:

Having been named as registered agent to accept service corporation at the place designated in this certificate, I a appointment as registered agent and agree to	of process for the above stated in familiar with and accept the act in this capacity
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.

Incorporator Date