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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION EDWIN CONSTRUCTION SERV. CORP

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16/22/AD

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: EDWIN CONSTRUCTION SERV. 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** □ \$78.75 ☐ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: EDWIN CONSTRUCTION SERV. CORP Name (Printed or typed) **9752 NW 26 AVENUE** Address MIAMI, FL 33147 City, State & Zip 786-923-7861 Daytime Telephone number Delgadoedwin514@gmail.com E-mail address: (to be used for future annual report notification)

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

(H200003464753)

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

NW 26 AVENU NI, FL 33147	INCIPAL OFFICE Principal street address	Mailing a	ddress, if differen	nt is:	
		_	, ,	20/0	
CLEUI PUI urpose for which	RPOSE ch the corporation is organized is: GE	ENERAL CONSTRUCTION		0007 2	
	•			P	
				#: - 	
					•
CLE V INIT	of stock is: 100				
imber of shares	of stock is: 100	SIDENT Name and Title:			
imber of shares CLE V INIT Name and T	of stock is: 100 TIAL OFFICERS AND/OR DIRECTO itle: EDWIN DELGADILLO / PRE 9752 NW 26 AVENUE	SIDENT Name and Title:			
CLE V INT Name and T Address Name and Tit	of stock is: 100 TAL OFFICERS AND/OR DIRECTO itle: EDWIN DELGADILLO / PRE 9752 NW 26 AVENUE MIAMI FL 33147	SIDENT Name and Title:			•
omber of shares CLE V INT Name and T Address	of stock is: 100 TAL OFFICERS AND/OR DIRECTO itle: EDWIN DELGADILLO / PRE 9752 NW 26 AVENUE MIAMI FL 33147	SIDENT Name and Title: Address: Name and Title:			
CLE V INT Name and T Address Name and Tit	of stock is: 100 TAL OFFICERS AND/OR DIRECTO itle: EDWIN DELGADILLO / PRE 9752 NW 26 AVENUE MIAMI FL 33147	SIDENT Name and Title: Address: Name and Title:			
Name and Tit Address	of stock is: 100 TAL OFFICERS AND/OR DIRECTO itle: EDWIN DELGADILLO / PRE 9752 NW 26 AVENUE MIAMI FL 33147	SIDENT Name and Title: Address: Name and Title: Address:			
Name and Tit Address	of stock is: 100 TAL OFFICERS AND/OR DIRECTO itle: EDWIN DELGADILLO / PRE 9752 NW 26 AVENUE MIAMI FL 33147	SIDENT Name and Title: Address: Name and Title: Address: Name and Title:			

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Name a	nd Title:	Name and Title:		
Addres				
•				
	REGISTERED AGENT			
ine name and i	Florida street address (P.O. Box NOT acceptable) of t	he registered agent is:		
Name:	EDWIN DELGADILLO SANDOVAL			
Address:	9752 NW 26 AVENUE			
;	MIAMI, FL 33147			
ARTICLE VII	INCORPORATOR			
The name and a	address of the Incorporator is:			
Name:	EDWIN DELGADILLO SANDOVAL	-		
Address:	MIAMI, FL 33147			
Effective date, it (If an effective filling.)	EFFECTIVE DATE: f other than the date of filing: OCTUBER - 05 -2 date is listed, the date must be specific and cannot e inserted in this block does not meet the applicable s	2020 (OPTIONAL) be more than five days prior or 90 days after the catutory filing requirements, this date will not be listed as		
the document's	effective date on the Department of State's records.	amony ming requirements, this date will not be taked as		
Having been nat certificate, I am	familiar with and accept the appointment as registered	the above stated corporation at the place designated in this lagent and agree to act in this capacity		
	Required Signature/Registered Agent	10 - 03 - 20 20 Date		
I submit this do		ue. I am aware that the false information submitted in a s provided for in s.817.155, F.S.		
Required Signati	ure/incorporator	Date 10-03-2010		

(H200003464753)