

11/25/2020

P20000091275Florida Department of State
Division of Corporations
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.

(((H20000406223 3)))



H200004062233ABCT

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 : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION
ALEX ROOFING SERVICES, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 NOV 25 PM 4:12

TOTAL
7058

2020 NOV 25 AM 4:55

F11 111

Electronic Filing Menu Corporate Filing Menu

Help

H20000406223

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ALEX ROOFING SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2037 NW 1ST TER

MIAMI, FL 33125

Mailing address, if different is:

2037 NW 1ST TER

MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEX, VAZQUEZ CRUZ (PRESIDENT)

Address

2037 NW 1ST TER

MIAMI, FL 33125

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

420000406223

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WHOLE TAX PROFESSIONAL SERVICES INC
Address: 1800 SW 1ST ST SUITE 202, MIAMI FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEX VAZQUEZ CRUZ
Address: 2037 NW 1ST TER
MIAMI, FL 33125

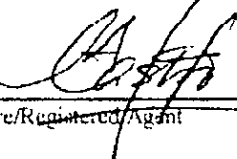
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

11/25/2020

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.



Required Signature/Incorporator

11/25/2020

Date