

P210000000472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

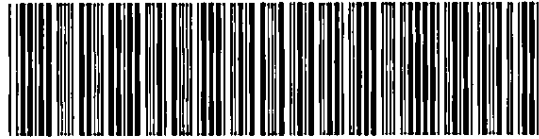
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/04/21--01003--014 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FALCO IMPACT WINDOWS AND DOORS

INC

Signature _____

Requested by: BA

01/04/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

January 4, 2021

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


Re: FALCO IMPACT WINDOWS AND DOORS INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Falco', with a stylized flourish at the end.

Dailandis Falco

COVER LETTER

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

SUBJECT: False Impact Windows And Doors Inc
(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maria E. Ruiz
Name (Printed or typed)

7750 S.W. 117 Ave
Address

Miami Florida 33183
City, State & Zip

305-595-2407
Daytime Telephone number

mariaquiros9@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Falco Impact Windows And Doors Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

29660 S.W. 165 Ct

7750 S.W. 117 Ave Suite 203

Homestead, Florida 33033

Miami Florida 33183

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dailandis Falco, President Name and Title: _____

Address 29660 S.W. 165 Ct Address: _____

Homestead, Florida 33033 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Dailandis Falco

Address: 29660 S.W. 165th
Homestead FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dailandis Falco

Address: 29660 S.W. 165th
Homestead, Florida 33033

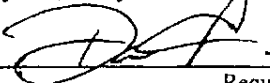
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/4/2021 (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.

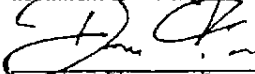
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/4/2021
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

Date 1/4/2021

SECRETARY OF STATE
TALLAHASSEE, FL

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