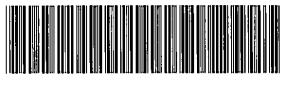
## P21000022324

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
,	•	
(Cit	ty/State/Zip/Phone	e #)
(0)	.,. <u></u>	· ·· <b>,</b>
PICK-UP	MAIT	MAIL
	_	_
		<del></del>
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2021 HAR -9 AH ID: 52

## CAPITAL CONNECTION, INC.

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

DESIGN BUILDERS	ROOFING C	ORP		
				Annella Cita
				Art of Inc. File
		ł		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
		ļ		Certificate of Status
				Certificate of Fictitious Name
			<del></del>	Corp Record Search
				Officer Search
				Fictitious Search
Charatura		<del></del>		Ficitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: BRANDEN	02/00/21			UCC 1 or 3 File
····	03/09/21			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up	<del></del>		Courier

## **COVER LETTER**

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

SUBJECT: DESIGN	BUILDERS ROOFING CORP (PROPOSED CORPOR	ATE NAME - MUST INCL.	ÜDE SUFFIX)
Enclosed are an orig  S70.00 Filing Fee	inal and one (1) copy of the ar  \$78.75  Filing Fee  & Certificate of Status		□ \$87.50 Filing Fee. Certified Copy & Certificate of Status

OM:	, YANET SUAREZ			
.OIVI.	Name (Printed or typed)			
	300 NW 127 AVE			
-	Address			
	MIAMI, FL 33182			
-	City, State & Zip			
	786-320-1737			
-	Daytime Telephone number	<del>- , ,,</del>		
i	MAYDELACGTAXSERVICES@GMAIL.COM			
-	E-mail address: (to be used for future annual report notifica	tion)		

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)

CI.I; II TAIIV	<u>CIPAL OFFICE</u>		
NIW 127 AVII	Principal <u>street</u> address	Mailing add	ress, if different is:
NW 127 AVE		<del>***</del> ·	
AMI, FL 33182			
PURP purpose for which	OSE the corporation is organized is:		
			**
			202
<del></del>			
TICLE III OIL .	200		: 6
TICLE IV SHAR number of shares o	f stock is: 100		
<u> FICLE V - INITI.</u>	<u>AL OFFICERS AND/OR DIRECTORS</u>		r <i>U</i>
			,
Name and Tit	e; YANET SUAREZ, PRESIDENT	Name and Title:	7
Name and Titl	e: YANET SUAREZ, PRESIDENT 300 NW 127 AVE		
	300 NW 127 A VE	Address:	
	300 NW 127 AVE	Address:	
Address	300 NW 127 AVE MIAMI, FL 33182	Address:	
Address  Name and Title	300 NW 127 AVE MIAMI, FL 33182	Address:  Name and Title:	
Address	300 NW 127 AVE MIAMI, FL 33182	Address:  Name and Title:	
Address  Name and Title	300 NW 127 AVE MIAMI, FL 33182	Address:  Name and Title:  Address:	
Address  Name and Title	300 NW 127 AVE MIAMI, FL 33182	Address:  Name and Title:  Address:	
Address Name and Title Address	300 NW 127 AVE MIAMI, FL 33182	Address:  Name and Title:  Address:	
Address Name and Title Address	300 NW 127 AVE MIAMI, FL 33182	Address:  Name and Title:  Address:  Name and Title:	

Name an	d Title:	Name and Title:			
Address		Address:			
		<u> </u>			
	REGISTERED AGENT				
Name:	lorida street address (P.O. Box NOT acceptable YANET SUAREZ	(of the registered agent is:			
Address:	300 NW 127 AVE	<del></del>			
	MIAMI, FL 33182				
			787		
ARTICLE VII	<u>INCORPORATOR</u>		LULI HAR		
The name and ac	ddress of the Incorporator is:				
Name:	YANET SUAREZ	<del></del>			
Address:	300 NW 127 AVE	<u> </u>	AH 10:		
	MIAMI, FL 33182	<u></u>	- 53 		
Effective date, if (If an effective diling.)  Note: If the date	tother than the date of filing: 03/08/2021 late is listed, the date must be specific and car inserted in this block does not meet the applicatificative date on the Department of State's reconsideration.	ble statutory filing requiremen			
Having been nan certificate, I am f	ned as registered agent to accept service of proces familiar with and accept the appointment as regis	s for the above stated corporat stered agent and agree to act in	tion at the place designated this capacity	l in this	
Hanet Suare 2 Required Signature/Registered Agent			03/08/2021		
			Date		
I submit this doc document to the l	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	ire true. I am aware that the joing as provided for in 8,817.1:	false information submitte 55, F.S.	ed in a	
Danierd Clause	Janet Svanez		03/08/2021		
Required Signatu	nes differ borator	17	)ate		

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