

4/12/21

Division of Corporations

P21000032813

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
CAMEJO DOORS & WINDOWS INSTALLATIONS CORP**

Certificate of Status	0
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DIVISION OF CORPORATIONS
CORPORATE FILING SERVICE

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

ARTICLE I NAMEThe name of the corporation shall be: CAMEJO DOORS & WINDOWS INSTALLATIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15957 SW 95TH AVE APT. 42MIAMI, FL 33157**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NORVENY CAMEJO MENA (P)

Name and Title: _____

Address: 15957 SW 95TH AVE APT. 42

Address: _____

MIAMI, FL 33157

Name and Title: _____

Name and Title: _____

Address: _____

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Name and Title: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: NORVENY CAMEJO MENA
Address: 15957 SW 95TH AVE APT: 42
MIAMI, FL 33157

ARTICLE VII INCORPORATORThe **name and address** of the incorporator is:

Name: NORVENY CAMEJO MENA
Address: 15957 SW 95TH AVE APT: 42
MIAMI, FL 33157

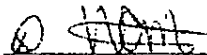
ARTICLE VIII EFFECTIVE DATE:

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

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

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