

P21000039078

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
THE ROOFING DOCTOR INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED

2021 MAY -3 AM 10:38

TALLAHASSEE, FL

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:

The Roofing Doctor INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address25109 SW 122ct
Homestead FL 33032

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND lawful businessARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kadir Montaguado P.

Address

25109 SW 122ct
Homestead FL
33032

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF DISTRICT COURT
DADE COUNTY
FL

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: Kadir Monteaquedo
Address: 25109 SW 122 Ct
Homestead FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kadir Monteaquedo
Address: 25109 SW 122 Ct
Homestead FL 33032

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

[Signature]
Required Signature/Registered Agent

04/12/2021
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.

[Signature]
Required Signature/Incorporator

04/12/2021
Date

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STATE
FALLS CHURCH, VA