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To: Division of Corporations Fax Number : (850)61 (850)617-6381 Fron: Account Name : CLARA GIRALDO FNROLLED AGENT Account Number : 119990000017 : (305)485-9300 : (305)485-1098 Prone Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION TOP ROOFING REPAIR SERVICE, INC.

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ARTICLES OF INCORPORATION

OF

TOP ROOFING REPAIR SERVICE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

TOP ROOFING REPAIR SERVICE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate

TOP ROOFING REPAIR SERVICE, INC.

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

CARLOS A. LOZANO 11120 NW 59 CT HIALEAH, FL. 33012

The principal office shall be:

11120 NW 59 CT HIALEAH, FL. 33012

ARTICLE VI

The initial Board of Directors shall consist of a total of TRHEE (03) persons, and the name and address of the person who is to serve as initial director

CARLOS A. LOZANO 11120 NW 59CT HIALEAH, FL. 33012

PRESIDENT

STELLA LOZANO 11120 NW 59CT HIALEAH, FL. 33012 **VICEPRESIDENT**

JOYCE LOZANO 11120 NW 59CT HIALEAH, FL. 33012 SECRETARY

The name and address of the incorporator executing these Articles of Incorporation is

CARLOS A. LOZANO 11120 NW 59 CT HIALEAH, FL. 33012

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles

of Incorporation this MAYO, 24, 2021.

CARLOS A. LOZANO

Carlos Of Payers

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

TOP ROOFING REPAIR SERVICE, INC.

2. The Name and Address of the registered agent and office is:

CARLOS A. LOZANO 11120 NW 59 CT HIALEAH, FL. 33012

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Date: MAYO 24, 2021.

850-617-6381

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June 7, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CIARA GIRANDO ENROLLED AGENT

SUBJECT: TOP ROOFING REPAIR SERVICE INC

REF: W21000082243

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shareta Backey Regulatory Specialist II

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