

AZ1000080181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

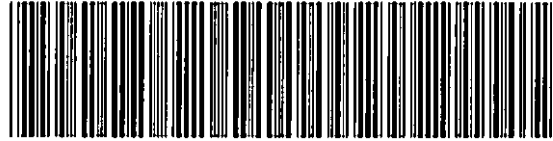
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: OVER and under construction  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: VERONICA Lucia Ruiz Valentin  
Name (Printed or typed)

2208 SEASONS Ln  
Address

Tallahassee FL 32305  
City, State & Zip

917-215-9735  
Daytime Telephone number

VEROLRUIZ0417@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: OVER and under construction inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2208 seasons ln  
Tallahassee FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make profit out of  
Construction

ARTICLE IV SHARES

The number of shares of stock is: 2

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director/Veronica Ruiz Name and Title: \_\_\_\_\_

Address: 2208 seasons ln Address: \_\_\_\_\_  
Tallahassee FL  
32305

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: Veronica Lucia Ruiz Valentin  
Address: 2208 Seasons In T  
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica L. Ruiz  
Address: 2208 Season In  
Tallahassee FL 32305

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Oct 10, 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

Veronica L. Ruiz  
Required Signature/Registered Agent

09/10/21  
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.

Veronica L. Ruiz  
Required Signature/Incorporator

Date 09/10/21