



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
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**\*\*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

### A.C. REMODELING & REPAIR INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **A.C. REMODELING & REPAIR INC**, a Florida corporation to be filed with the Florida Department of State on or about **October 12, 2021**.
2. The undersigned hereby consents to and authorizes the use by **A.C. REMODELING & REPAIR INC**, of the name **A.C. REMODELING & REPAIR INC**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

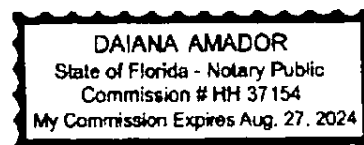
STATE OF FLORIDA       )  
  ) SS:  
COUNTY OF MIAMI-DADE )

  
\_\_\_\_\_  
ALFREDO CASTILLO

PERSONALLY appeared before me, ALFREDO CASTILLO, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 12<sup>th</sup> day of October, 2021

  
\_\_\_\_\_  
Notary Public Signature



**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: A.C. Remodeling + Repair Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5181 W. Oakland Park Blvd  
Apt Q304  
Fort Lauderdale, FL 33313

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Remodeling + Repairs to  
residential and Commercial Properties

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alfredo Castillo / President Name and Title: \_\_\_\_\_

Address 5181 W. Oakland Park Blvd Address: \_\_\_\_\_  
Fort Lauderdale, FL 33313

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2021 OCT 12 AM 9:21  
FILED  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
FORT LAUDERDALE, FLORIDA

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: Alfredo Castillo  
Address: 5181 W Oakland Park Blvd # Q309  
Fort Lauderdale, FL 33313

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Alfredo Castillo  
Address: 5181 W. Oakland Park Blvd # Q309  
Fort Lauderdale, FL 33313

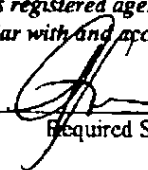
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

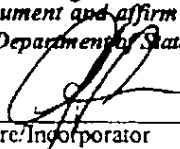
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 Agent10/04/2021  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator10/04/2021  
Date