

P21 0600 93786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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CLERK OF STATE
11/01/2021 07:00

c

October 14, 2021

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

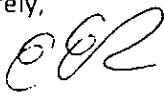
Re: REMODELING EXPERTS OF FLORIDA INC

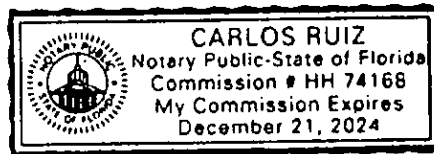
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


EVERARDO ESPINOSA





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DEPT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Remodeling Experts of Florida Inc
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maria Ruiz
Name (Printed or typed)

7750 S.W. 117 Ave Suite 203
Address

Miami Florida 33183
City, State & Zip

305 595-2467
Daytime Telephone number

mariagueros9@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Remodeling Experts of Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16040 N.W. 18 Court
Miami Gardens, Florida 33054

7750 S.W. 117 Ave Suite 203
Miami Florida 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Everardo Espinosa, Pres Name and Title: _____

Address: 16040 N.W. 18 Court Address: _____

Miami Gardens, FL 33054 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE OF FLORIDA
COUNTY OF MIAMI
FILED

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: Everardo Espinosa

Address: 16040 NW 18 Court
Miami Gardens FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Everardo Espinosa

Address: 16040 NW 18 Court
Miami Gardens, FL 33054

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CORPORATION DIVISION

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/10/2021 (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



Required Signature/Registered Agent

10/25/2021
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/Incorporator

10/25/2021
Date