

P220000003546

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TALLAHASSEE

## COVER LETTER

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

SUBJECT: Peerless Innovation Solutions Corp.  
(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: Alex William Rocafuerte  
Name (Printed or typed)

218 Preston Ave.  
Address

Davenport FL 33837  
City, State & Zip

473 980 0300  
Daytime Telephone number

prlsinnovation@aol.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: Peerless Innovation Solutions Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
340 CHEROKEE AVE  
DAVENPORT, FL 33844

Mailing address, if different is:  
218 PRESTON AVE  
DAVENPORT, FL 33837

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CB & RB Building Contractor  
Whose services are limited to the construction of commercial buildings  
and single or multiple dwelling residential buildings, not to  
exceed three stories in height, and services as remodeling  
repair or improvement of any size building

**ARTICLE IV SHARES**

The number of shares of stock is: ~~2000~~ 1 One. Alia

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

Name and Title: Alan Rockbrite CFO Name and Title: \_\_\_\_\_

Address: 218 Preston Ave. Address: \_\_\_\_\_  
Davenport FL 33837

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

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

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

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

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SECRET  
TALL

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: Alex Rocafructe

Address: 218 Preston Ave

Davenport FL 33837

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Alex Rocafructe

Address: 218 Preston Ave

Davenport FL 33837


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2022 (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

12/18/2021  
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

12/18/2021  
Date

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